

Release of Remains

I, *Name of next of kin (print)*: _____ *Relationship*: _____

Address: _____ *City* _____ *State* _____ *Zip* _____

Authorize the release of remains of (*decedent*) _____ to Simply Cremation and Funeral Arrangements from _____ .

Full Name of Deceased: _____

Social Security Number of Deceased: _____

Date of Birth of Deceased: _____

With this document, I state that I am the legal responsible person authorized to handle the arrangements of the above-named deceased.

Warning: The person signing this “Release of Remains” is liable for all damages caused by untruthful statements contained in this document.

X _____
Signature Phone Number Date

.....

BEFORE ME, THE UNDERSIGNED, A Notary Public, on this day personally appeared _____, known to me to be the person(s) whose name(s) is subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, 20____.

Notary Public and Legible Stamp