**RELEASE AUTHORIZATION**

THE UNDERSIGNED HEREBY AUTHORIZE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INSTITUTION

TO RELEASE THE BODY AND PERSONAL EFFECTS OF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF DECEASED

TO LW JACKSON FUNERAL HOME & CREMATION SERVICES OR TO

LW JACKSON CREMATION & FUNERAL SERVICES AND OR ITS AGENTS.

I HEREBY REPRESENT THAT I AM OF THE SAME AND NEAREST DEGREE OF RELATIONSHIP TO THE DECEASED AND / OR ARE LEGALLY AUTHORIZED OR CHARGED WITH THE RESPONSIBILITY FOR BURIAL AND / OR DISPOSITION OF THE DECEASED.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME RELATIONSHIP TO DECEASED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE DATE