

# RELEASE FORM

## *A CREMATION SERVICE OF THE PALM BEACHES*

1100 S. FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435

Phone 561-734-7409 Fax 561-740-0095

To: \_\_\_\_\_

My name is \_\_\_\_\_ and I  
hereby authorize A Cremation Service of the Palm Beaches and  
or their agents to take custody of the remains of  
\_\_\_\_\_ (decedent)

Signature \_\_\_\_\_

(Authorizing Agent/Next of Kin) Relationship to Decedent  
\_\_\_\_\_