

RELEASE FORM

A CREMATION SERVICE OF THE PALM BEACHES

1100 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

561-734-7409

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 _____