

# LA PAZ FUNERAL HOME

## RELEASE AUTHORIZATION

Name of Decedent ("The Decedent")

Date of Birth

Date of Death

Case #

I, the undersigned hereby authorize and request

(Name of Place of death or funeral home with custody of Decedent)

(Address of Place of Death or Funeral Home with Custody of The Decedent)

Release/transfer the remains of The Decedent to

(Name of funeral home or institute assuming custody of The Decedent)

(Address of funeral home or institute assuming custody of Decedent)

I acknowledge and agree that this release authorization permits the \_\_\_\_\_ to use the services of other funeral home/affiliates or other independent contractors in connection with the transfer of the Decedent from the place of death or Funeral Home.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless, \_\_\_\_\_ and its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

Print name of Authorized Representative

Relationship to Decedent

Signature of Authorized Representatives

Date

Print name of Funeral Home Representatives

Titles

Signature of Funeral Home Representative

Date

### If authorization is oral, complete the following:

Authorization Received from (Print Name)

Relationship to Decedent

Phone Number

Date and Time Obtained

Received by (Print Name)

Title

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Address: 3500 NW 7 ST Miami, Florida, 33125

Phone: 786 332 2983 / Fax: 305 999 7322