



AUTHORIZATION FOR RELEASE OF REMAINS

Date: _____

To whom it may concern: _____

I, _____*, hereby authorize and direct you to release

the human remains of: _____

to:

New Orleans Funeral and Cremation Service

9200 I-10 Service Rd.

New Orleans, LA 70127

PH. (504) 218-5554

Fax (504) 218-5560

*By signing this form, I authorize and acknowledge that I am the legal next of kin of the above referenced deceased. I also attest that I have decision making authority.

Signature: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

*Date Signed: _____