



**FUNERAL HOME
& CREMATION SERVICE**

Release of Human Remains Authorization Form

RELEASE:

The undersigned, being of the same and nearest degree of relationship to:

Name of Deceased:

Hereby authorize the release of the human remains and any personal property of the deceased to Cook Family Funeral Home and/or its agents.

In Person

By Telephone

Name of Person Authorizing Release:

Relationship to the Deceased:

Date of Release:

Cook Family Representative :