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Release Form:

Authorization to remove Mortal Remains

Date: _____

I, _____, in my capacity as _____ (relation
to the deceased) of the late _____, hereby authorize

Cremations Only to remove (her/his) mortal remains from

Details of next of kin / Authorized person:

Name: _____

Address: _____

Signature: _____

Tel/Cell no: _____

Details of funeral parlour / representative:

Name: _____

Address: _____

Signature: _____

Tel/Cell no: _____