



ADVENT
Funeral & Cremation Services

Release/Permission to Prepare

I/We as the next of kin/persons with the primary right of disposition do hereby authorize

to release

who died on ____/____/____ to Advent Funeral & Cremation Services or it's authorized agent.

_____ I hereby grant permission for preparation/embalming.

_____ I/we hereby grant permission for preparation for identification.

Signature

Signature

Address

Address

City, State, Zip

City, State, Zip

Telephone

Telephone

Relationship

Relationship