

AUTHORIZATION FOR RELEASE OF REMAINS OF THE DECEDENT TO THE FUNERAL HOME

1. **PARTIES:**

"FUNERAL HOME" : Compassion Cremation Service , 2109 Luann Ln, Madison WI 53713
(Name of Funeral Home)

"REPRESENTATIVE": _____
(Name of Representative)
(Use Reverse Side for Additional Names)

"DECEDENT": _____
(Name of Decedent)

"INSTITUTION": _____
(Name of Institution or Person Holding Remains)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other:

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **RELEASE AUTHORIZATION:** The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the FUNERAL HOME and/or its agents.

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this authorization for removal or the FUNERAL HOME's reliance thereon.

DATE:

SIGNATURE OF REPRESENTATIVE:
