

# Marcel's Cremations

2111 N.W. 139<sup>th</sup> Street, Bay#18, Opa-Locka, FL 33054  
Office: 305-953-3600\*\*Fax: 305-953-3699

## AUTHORIZATION

I hereby designate the above-named direct disposal establishment to take charge of arrangements for: \_\_\_\_\_

And I authorize the release and removal of the remains to said establishment for the purpose of cremating. I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Co-Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization From: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_