

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

1. PARTIES:

FUNERAL HOME: Mohave Memorial Funeral and Cremation Services

REPRESENTATIVE: _____

DECEDENT: _____

INSTITUTION: _____

2. RELATIONSHIP REPRESENTATIVE: The REPRESENTATIVE warrants and represents to MOHAVE MEMORIAL that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

Spouse

Next of Kin (Closest Living Relative) Relationship _____

Personal Representative of the Deceased or Next of Kin (written authorization is required if representing Next-of-Kin)

Other _____

3. AUTHORITY OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to MOHAVE MEMORIAL 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 MOHAVE MEMORIAL and/or its agents.

5. INDEMNIFICATION: The REPRESENTATIVE agrees to indemnify and hold harmless MOHAVE MEMORIAL from any claims or causes of action arising or related in any respect to this authorization for removal or MOHAVE MEMORIAL'S reliance thereon.

SIGNATURE OF REPRESENTATIVE _____ **DATE** _____

SIGNATURE OF MOHAVE MEMORIAL REPRESENTATIVE _____