

Brooks Cremation and Funeral Service

4058 NE 7th Avenue
Fort Lauderdale, FL 33334

Phone (954) 525-5405
Fax (954) 565-1333

RELEASE AND/OR AUTHORIZATION TO EMBALM

Date: _____

Name of Decedent: _____

Date of Birth: _____ Race: _____ Sex: _____

Marital Status: Married Legally Separated Divorced Widowed Never Married

I hereby authorize:

(Name of facility where body is located)

to release the remains of the above named decedent to:

Brooks Cremation and Funeral Service for final disposition or as agents for:

Funeral Home Name and Address

Contact Person and Phone Number

Embalming Declined – Refrigeration Used: Yes No
Embalming Authorized Yes No

I/We hereby authorize the above named funeral home including its agents or employees to remove, refrigerate, and/or embalm, care for and prepare for the disposition of the remains of the above named decedent, in accordance with its customary practice for the final disposition selected by the decedent or next of kin. I/We acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services are allowed to perform such work under applicable law. I/We further acknowledge and agree that this work may take place at the funeral home facility or another facility equipped to provide such services. I/We agree to indemnify and hold harmless the funeral home, its affiliates and their agents and employees from any liability or claims, which may arise as a result of this Release and/or Authorization to Embalm, or any action taken in accordance herewith.

Printed Name of Legal Next of Kin

Relationship to Deceased

X _____
Signature of Legal Next of Kin

Phone Number of Legal Next of Kin

Printed Name of Witness

Phone Number of Witness

X _____
Signature of Witness