

**CREMATION SERVICES
OF
MID FLORIDA, INC.**

LARRY AND GAY NELL LOCKE

ADMINISTRATIVE OFFICES
122 STATE STREET
DAVENPORT, FLORIDA 33837
PHONE 863-421-4900
TOLL FREE 888-234-1192
FAX 863-422-8993

AUTHORIZATION TO RELEASE DECEASED PERSON

TO: _____

ADDRESS: _____

I (WE), _____ HEREBY DESIGNATE **CREMATION SERVICES OF MID FLORIDA** TO TAKE CHARGE OF CREMATION ARRANGMENTS FOR: _____ DOB _____ DOD _____

AND I AUTHORIZE THE RELEASE AND REMOVAL OF THE REMAINS TO **CREMATION SERVICES OF MID FLORIDA** FOR THE PURPOSE OF CREMATION.

I REPRESENT THAT I AM THE NEXT OF KIN, OR AM ACTING AS AN AUTHORIZED AGENT FOR THE NEXT OF KIN, SUCH AS PERSONAL REPRESENTATIVE, SIGNIFICANT OTHER, OR FRIEND IN THE ABSENCE OF ANY NEXT OF KIN.

SIGNED _____ PRINT NAME _____
RELATIONSHIP _____ ADDRESS _____
PHONE _____

WITNESS:

SIGNATURE _____ PRINT NAME _____
DATE _____ PHONE _____