

PERMISSION TO RELEASE REMAINS TO FUNERAL HOME

Date: _____

The undersigned hereby authorizes: _____

To release the said remains of: _____

To: Jansen Family Funeral Home, Inc.
A.K.A - Michigan Cremation & Burial Services
4705 Pine Street / PO Box 77
Columbiaville, Michigan 48421
Office: 810-793-6234 / Fax: 810-793-4752

This order is above all previous orders written or verbal and takes immediate effect.
I represent that I'm of the same and nearest degree of relationship to the said deceased
and / or legally charged with the responsibility for handling final disposition.

Printed Name of Next of Kin: _____

Signature of Next of Kin: _____ Date: _____

Relation to Deceased: _____

Printed Name of Witness: _____

Signature of Witness: _____ Date: _____

Location Where Witnessed: _____