

# ***Millennium Cremation Care***

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## ***AUTHORIZATION TO RELEASE***

***NAME OF  
INSTITUTION:*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

***I / WE HEREBY AUTHORIZE THE RELEASE OF THE BODY OF  
\_\_\_\_\_, DECEASED, TO THE CARE OF  
MILLENNIUM CREMATION CARE AND ITS PROFESSIONAL  
SERVICE ASSOCIATES.***

\_\_\_\_\_  
***NAME***

\_\_\_\_\_  
***RELATIONSHIP***

\_\_\_\_\_  
***NAME***

\_\_\_\_\_  
***RELATIONSHIP***

\_\_\_\_\_  
***NAME*** ***WITNESS***