

**AUTHORIZATION TO RELEASE
FINANCIAL INFORMATION**

1. PARTIES:

“OWNER”: _____
(Name of Owner of Accounts)

“FUNERAL HOME”: _____
(Name of Funeral Home)

“REPRESENTATIVE”: _____
(Name of Representative)

“COMPANY”: _____
(Name of Financial Institution)

“ACCOUNT”: _____
(Listing of Account Numbers)

2. RELATIONSHIP OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents that the relationship between the REPRESENTATIVE and the OWNER is as follows: (Check the appropriate box).

- REPRESENTATIVE is the OWNER.
- REPRESENTATIVE is the surviving spouse of the OWNER
- REPRESENTATIVE is the Next-of-Kin (Closest Living Relative) of the OWNER
- REPRESENTATIVE is the personal representative of the OWNER’s estate.
- Other: _____

3. AUTHORIZATION OF REPRESENTATIVE: The REPRESENTATIVE is planning funeral arrangements with the FUNERAL HOME and intends to use part or all of the proceeds in the ACCOUNT to fund the funeral arrangements. REPRESENTATIVE authorizes the COMPANY to release to FUNERAL HOME all information regarding the ACCOUNT.

DATE: _____ **SIGNATURE OF REPRESENTATIVE** _____

STATE OF _____)
) ss:
COUNTY OF _____)

Before me, a notary public for said jurisdiction, personally appeared _____
(Name of Representative)

who did sign the foregoing document this _____ day of _____, 20 ____.

Signature of Notary Public: _____
Name of Notary Public: _____
County of Residence: _____
My Commission Expires: _____, 20 ____