

# AUTHORIZATION TO TRANSFER POSSESSION OF REMAINS OF THE DECEDENT

1. **PARTIES:**

“FUNERAL HOME”:                      
(Name of Funeral Home)

“REPRESENTATIVE”:                      
(Name of Representative)  
(Use Reverse Side for Additional Names)

“RECIPIENT”:                      
(Name of Cemetery, Crematory, Church, Private Residence or Other Facility Receiving Remains)

“DECEDENT”:                      
(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other:

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **DIRECTION TO TRANSFER POSSESSION OF REMAINS:** The REPRESENTATIVE directs and authorizes the FUNERAL HOME to transfer the remains of the DECEDENT to the RECIPIENT. In directing and authorizing the transfer, the REPRESENTATIVE understands that the FUNERAL HOME will have no further responsibility for the protection and safekeeping of the remains after such transfer.

5. **INDEMNIFICATION.** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to the direction of the REPRESENTATIVE to transfer the remains of the DECEDENT to the RECIPIENT.

**DATE:**

**SIGNATURE OF REPRESENTATIVE**

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**ADDITIONAL REPRESENTATIVES**

<b><u>Name</u></b>	<b><u>Relationship to Decedent</u></b>	<b><u>Signature</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____