

AUTHORIZATION

I hereby designate Aspen Mortuary Inc. to take charge of funeral arrangements
for: _____,
and I authorize the release of personal effects and removal of the remains to said
funeral establishment for purpose of embalming and/or other scientific preparation.

I represent that I am next of kin, or am acting as a duly authorized agent for the
next of kin.

Signed: _____

Relationship: _____

Co-signed: _____

Relationship: _____

WITNESS:

DATE:

FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization from _____

Relationship _____

Date _____ Time _____ Received by _____