



Khadija Samad

Manager, NJ Lic. #4601

Date

AUTHORIZATION FOR RELEASE OF REMAINS

THIS AUTHORIZATION IS TO CERTIFY THAT **FIRDOUS FUNERAL CHAPEL** HAS BEEN AUTHORIZED

BY _____

(SIGNATURE OF PERSON MAKING ARRANGEMENTS)

TO TAKE CUSTODY OF THE REMAINS OF _____

RELEASED FROM: _____ D.O.B. _____

NEXT OF KIN: _____

ADDRESS: _____

TELEPHONE#: (Home) _____ (Cell) _____

Permission for Embalming

Do you wish to have the above named deceased embalmed? (YES) or (NO) - If yes, Please fill out section below.

I _____ hereby give permission for Firdous Funeral Chapel to embalm the above deceased remains. Please Sign - _____

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Email: Info@Firdousfuneralchapel.com