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# MARSHALL'S MORTUARY & CREMATION SERVICE

## Authorization

I hereby designate Marshall's Mortuary & Cremation Service to take charge of funeral arrangements for

\_\_\_\_\_, and I authorize the release and removal of the remains to Marshall's Mortuary & Cremation Service for the purpose of Cremation or Embalming.

I represent that I am the next of kin, or am acting as an authorized agent for the next of kin

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

3700 Quebec Street #197  
Denver, CO 80207  
MarshallsMortuary.com  
(303) 304-8546  
Embalmer8546@hotmail.com

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