HERITAGE MORTUARY, INC.

3610 North Rancho Drive Las Vegas, Nevada 89130 <u>Main</u>: (702) 852-1464 * <u>Fax</u>: (702) 947-4649

AUTHORIZATION FOR RELEASE OF REMAINS

By signing this form, you are granting Heritage Mortuary Inc., to include its agents, employees and authorize the

Release of the Remains of the deceased, into the care of Heritage Mortuary.

Date:	Name of Releasing Mortuary:	
In The Matter Of: (Decease	ed)	Date of Death;
	orized Agent hereby represents that he/she, or the remains of the decedent and the personal effects as Vegas, Nevada 89130.	
of the said deceased. Herita as Next-of-Kin/Authorized A read this release and agree	m states that he/she/they is the legal Next-of-Kin and age Mortuary, inc. is not responsible for any misrepagent. Furthermore, the person signing this authorizes to hold Heritage Mortuary, Inc. and all their agent onducting their legitimate duties. As well, is fully reseated.	oresentation made by the person acting zation declares that he/she/they, have ts, harmless of legal action, if any while
Signature:	Legal Next-of-Kin/Authorized Agent	Date:
Printed Name:		
Relationship:		
		•
Witness:		Date: