Date: _____

To: **WILCOX MEMORIAL HOSPITAL**

I, THE UNDERSIGNED, HEREBY REQUEST AND AUTHORIZE THE RELEASE OF THE REMAINS OF:

Re: _____

Decedent's FULL Name

TO GARDEN ISLAND MORTUARY, LTD. I REPRESENT THAT I AM THE LEGAL NEXT-OF-KIN OR ACTING AS AN AUTHORIZED AGENT FOR THE NEXT OF KIN.

_____ _____

Signature Relationship

_____ _____

Print Name Phone

_____

Address City State Zip Code

Witness:

_____ _____

Signature of Witness Name of Witness