

Walker

F u n e r a l H o m e

1025 East McMillan Street, Cincinnati, Ohio 45206

Phone 513.251.6200 Fax 800.307.7621

www.HerbWalker.com

License No. FH.003247

AUTHORITY FOR RELEASE OF REMAINS

TO: _____ DATE: _____

I certify that I am the surviving _____ of _____
(deceased), whose date of birth was _____, and I have the right to control disposition of
the of said decedent. I authorize **Walker Funeral Homes**, 1025 East McMillan Street, Cincinnati, Ohio
45206 to call for remains and provide the service selected. This is a voluntary action on my part
and there has been no solicitation or effort made by any representative of the Walker Funeral Home
to influence me to use said establishment.

Name: _____ (print)

(s) _____ (signature)

Street address _____

City _____ State, Zip _____

Phone # _____