



798 Park Avenue • Bridgeport, Connecticut 06604  
(203) 334-9999 • Fax (203) 683-7432  
www.communityfuneralchapels.com

## AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for: \_\_\_\_\_, and I authorize the release and removal of the remains to said funeral establishment.

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

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Co-Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

WITNESS:

DATE:

\_\_\_\_\_

### FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_