



I am the legal next of kin authorizing agent for:

The following qualifies me as legal next of kin or authorizing agent giving me legal authority to make the request of cremation:

Please initial one of the following:

I am the spouse, legally married to the deceased.

I am separated but not divorced from the deceased.

I am the only living child of the deceased.

I am named as "Authorizing Agent" in GA Advanced Health Care Directive. **(Need Copy)*****

I have a Durable Power Attorney for Healthcare. **(Need Copy)*****

I am the only living relative of the deceased.

I am the Father of the deceased I am the Mother of the deceased.

Other, please explain: _____

*****Please send copy to the Crematory**

Authorizing Agent's Name (Print) _____

Authorizing Agent's Signature _____

Relationship _____ to _____

deceased _____

Date: _____

Funeral Director's Signature _____

Funeral Director's Printed Name: _____ License _____

Date: _____