



Managing Funeral Directors

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AUTHORIZATION FOR RELEASE FORM

DATE: _____

TO: _____

I, _____, hereby designate CASPER FUNERAL SERVICES to take
(Name of Next of Kin or Authorized Agent)

charge of funeral arrangements for my _____,
(Relationship) (Decedent's Name)

(Decedent's Address)

I authorize the release and removal of the remains to CASPER FUNERAL SERVICES, I represent that I am the next of kin, or am acting as an authorized agent for the next of kin. I acknowledge, that I assume full legal authority and power to execute this authorization form and to arrange final disposition. I also confirm to no objections for my actions or decisions. All decisions made are final, legal and binding.

- I acknowledge that any **possessions and/or valuables must be removed by the next of kin or authorized agent prior to transfer of deceased by funeral service.** Valuables or possessions are the sole responsibility of the next of kin or authorized agent.
- Any possessions or valuables not removed at the time of transfer, must be claimed by the next of kin or their authorized agent within 72 hours. Arrangements not made to acquire any and all possessions within this time limit will result in items being discarded.
- I acknowledge that I will be charged a *custodial care* of remains fee **\$250.00/ per day after holding deceased more than 72 hours, if final disposition arrangements haven't been finalized** as states on our General Price List.

(Signature of Next of Kin or Authorized Agent)

(Address of Next of Kin or Authorized Agent)

(Phone Number)