



Director's Choice, LLC

"Helping You Make A Difference"

Release of Human Remains Authorization

The undersigned hereby authorize(s) the release of the human remains and any personal property of the deceased to:

Director's Choice, LLC

Name of Deceased: _____

Name of Person(s) Giving Consent: _____

Relationship to the Deceased: _____

Date of Consent: _____

Funeral Home Representative: _____