

Release and Financial Responsibility Form

Name of Deceased: _____

Place of Death: Residential Address or Name of Facility: _____

Name of Person Authorized to Release: _____

Relationship to Deceased: _____

Address of Person Authorize to Release: _____

Telephone Number of Person Authorized to Release: _____

I, the undersigned, hereby authorize and give permission to the Cremation Society of New Hampshire or their designated agent to transfer the deceased from the place of death to their facility. I further authorize that I have the legal authority to make this decision and accept full financial responsibility for paying for the cremation.

Signature