

# RELEASE INTO OUR CARE

I hereby designate Aspen Mortuaries Inc. to take charge of funeral arrangements for:

\_\_\_\_\_

and I authorize the release of personal effects and removal of the remains to said funeral establishment for purpose of embalming and/or other scientific preparation.

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

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

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

Co-signed \_\_\_\_\_

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

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

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