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Managing Funeral Directors
David A. Casper
Kenneth J. Casper

Authorization for Release Form

Date: _____

To: _____

I, _____ hereby designate CASPER FUNERAL SERVICES
Name of Next of Kin (or authorized agent)

to take charge of funeral arrangements for my _____ , _____
Relationship **Deceased's Name**

Deceased'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 that there exist 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 the transfer of the deceased by funeral service. Valuables or possessions are the sole responsibility of the next of kin or authorized agent.
- I acknowledge that any possessions or valuables not removed at the time of transfer, must be claimed by the next of kin (or authorized agent) within 72 hours. If arrangements are not made to acquire any and all possessions within this time limit, any remaining items will be discarded.
- I acknowledge that I will be charged a *custodial care of remains fee* of **\$250.00/ per day after holding the deceased for more than 72 hours**, if final disposition arrangements have not been finalized, as stated on our General Price List.

Signature of Next of Kin (or authorized agent)

Address of Next of Kin (or authorized agent)

Phone Number