



**Simplicity Funeral Chapels
211 Brooklyn Avenue
San Antonio, Texas 78215
(210) 717.0000**

AUTHORIZATION TO RELEASE REMAINS

DATE: _____

TO: _____

I, _____, the undersigned authorizing agent, hereby certify, represent and warrant that I am the person who has the legal right to control the disposition of remains of the below named individual and further attest that there are no legal actions against me that would otherwise prevent me from being permitted to control the disposition of said remains.

Name of Decedent

Decedent's date of Birth

Furthermore, I, the undersigned, agree to release **Simplicity Funeral Chapels - Alamo Cremations** from any liability on account of the said authorization.

It is my desire and request that you release the personal effects and the remains of the above-named decedent to **Simplicity Funeral Chapels - Alamo Cremations** or their agent.

We assure that our coming to **Simplicity Funeral Chapels - Alamo Cremations** is a voluntary action on our part and strictly in accord with our own wishes. There has been no solicitation or effort made by any representative of their company to influence us to make this decision.

Name: _____

Relationship to decedent: _____

Signature: _____

Telephone Number: _____

Address: _____

Funeral Home Witness: _____

Date: _____