

# Direct Cremation Services of Virginia

## Authorization for Release of Human Remains

I, \_\_\_\_\_ represent that I am the next of kin  
Printed Name  
and am duly authorized to release the remains of \_\_\_\_\_  
Decedent

from \_\_\_\_\_ to Direct Cremation Services of  
Virginia  
Hospital/ Institution

to care for and prepare for final disposition.

I acknowledge and agree that this release authorization permits Direct Cremation Services of Virginia to use the services of affiliates, or other independent contractors in connection with the transfer of the decedent from the place of death.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless Direct Cremation Services of Virginia, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

Executed on or about this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

_____ Decedents Date of Birth	_____ Decedents Race/Sex	_____ Decedents Social Security #
_____ Signature	_____ Relationship	_____ Witness