



Direct Cremation Services of Virginia

VIRGINIA'S TRUSTED AND AFFORDABLE
CREMATION PROVIDER

4425 Brookfield Corporate Drive, Suite 100
Chantilly, Virginia 20151
703-584-4927

www.DirectCremationServicesOfVirginia.com

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 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

Phone: 703-584-4927 Fax: 703-677-8745 Forms@DirectCremationServicesOfVirginia.com