



Schuster's Crematorium, LLC

#139 Castle Coakley

PO box 2315

340-692-URNS (8767)

AUTHORIZATION FOR RELEASE AND REMOVAL

I hereby appoint the above named Crematorium to take custody of professional cremation arrangements for the deceased:

(Name of the Deceased)

I authorize the release and removal of the above named deceased to **Schuster's Crematorium, LLC** for the purpose of cremation. I represent that I am the next of kin, bearing the relationship of _____ to the deceased, or acting as a duly authorized agent for the next of kin.

Signature: _____

Print Name: _____

Date: _____

Identification: (Please indicate your selected identification information below and submit a copy)

___ Driver's License ID# _____

___ Voter's Identification ID# _____

___ Passport ID# _____

Witness: _____

Date: _____

Verbal Telephone Authorization

Authorization Received from:

Relationship to the Deceased: _

Date:

Time:

Received By:

Share the Story, Preserve the Memories, Celebrate the Life”

*#139 Castle Coakley * PO Box 2315, Kingshill U.S. Virgin Islands 00851-2315*

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