



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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