

**Eric L. Wilson Funeral & Cremation Services**  
**"A professional dignified service."**  
**4631 W Hallandale Beach Blvd.**  
**Hollywood, FL 33023**  
**PH: 954 391-8731 Fax: 954 367- 5651**

**AUTHORIZATION TO RELEASE REMAINS**

To: \_\_\_\_\_ Re: The undersigned hereby authorizes and requests release of the remains of the above- named decedent to the following Funeral Home, including its agents.

Eric L. Wilson Funeral & Cremation Services 4631 W Hallandale Beach Blvd. Hollywood, Florida 33023. Phone number: (954) 391- 8731 the above- name Funeral Home including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above- named decedent. The undersigned further represents that they have the legal right to make this authorization.

\_\_\_\_\_  
 (Signature & Relationship to Decedent)

\_\_\_\_\_  
 Date signed

\_\_\_\_\_  
 (Signature & Relationship to Decedent)

\_\_\_\_\_  
 Date signed

**AUTHORIZATION TO EMBALM**

To: Eric L. Wilson Funeral & Cremation Services Re: \_\_\_\_\_

I, \_\_\_\_\_ check one: Do [ ] or Do Not [ ] request EMBALMING, which I understand is the replacement of body fluids by chemical preservatives, or the application of chemical preservatives for the temporary preservation of the body. I further understand that EMBALMING IS NOT REQUIRED BY LAW. The understanding hereby acknowledges and agrees that the foregoing Authorization to EMBALM permits the above-mentioned (FUNERAL HOME) to use the service of Independent Embalmers and/ or apprentices or student interns in connection with the Embalming, Care and Preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the Embalming, Care and preparation for disposition of the decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to INDEMNIFY and HOLD HARMLESS the Funeral Home, its affiliates and their agents and employees from any and all Liability or Claims which may result from any action taken in accordance with this Authorization to Embalm

\_\_\_\_\_  
 (Signature & Relation to Decedent)

\_\_\_\_\_  
 Date signed: