

# Eric L. Wilson Funeral & Cremation Services

4631 W Hallandale Beach Blvd  
Hollywood, Florida 33023  
TEL: 954-391-8731 FAX: 954-367-5651

## AUTHORIZATION TO RELEASE REMAINS

To: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Decedent)

The undersigned hereby authorizes and requests release of the remains of the above - named decedent to the following Funeral Home, including it's agents.

Eric L. Wilson Funeral & Cremation Services 4631 W Hallandale Beach Blvd, Hollywood, Flori  
(Name and Address of Funeral Home)

Phone number: (954) 391-8731 The above-named Funeral Home including it's 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.

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

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

## AUTHORIZATION TO EMBALM

To: Eric L. Wilson Funeral & Cremation Serv Re: \_\_\_\_\_  
(Name of Funeral Home) (Name of Decedent)

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 undersigned 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, it's 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.

Executed in the City of Hollywood in the State of: Florida

\_\_\_\_\_ Date signed: \_\_\_\_\_  
(Signature & Relationship to Decedent)

\_\_\_\_\_ Date signed: \_\_\_\_\_  
(Signature & Relationship to Decedent)