



# Release of Remains Form

## PERMISSION TO RELEASE REMAINS TO FUNERAL HOME

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

The undersigned hereby authorizes: \_\_\_\_\_

To release the said remains of: \_\_\_\_\_

To: Jansen Family Funeral Home, Inc.  
4705 Pine Street / PO Box 77  
Columbiaville, Michigan 48421  
Office: 810-793-6234 / Fax: 810-793-4752

This order is above all previous orders written or verbal and takes immediate effect. I represent that I'm of the same and nearest degree of relationship to the said deceased and / or legally charged with the responsibility for handling final disposition.

Printed Name of Next of Kin: \_\_\_\_\_

Signature of Next of Kin: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Next of Kin: \_\_\_\_\_

Signature of Next of Kin: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_ Phone: \_\_\_\_\_

*Office Use Only*

Verbal Authorization Given Over Phone