



60 Phifer Street Asheville, NC 28801
(828) 252-2090

AUTHORIZATION
FOR RELEASE OF HUMAN REMAINS

I hereby designate Hart Funeral Service, Inc. as my Funeral Service Provider. I furthermore authorize the release of the human remains of:

_____ .

I acknowledge that I am the closest next of kin and or acting as an authorized agent of the closest next of kin of the above named deceased and I have the authority to request such release.

Signed: _____ Date _____

Print Name: _____

Relationship: _____

Signed: _____ Date _____

Print Name: _____

Relationship: _____
