

JENNINGS

FUNERAL HOME & CREMATORY

"When Caring Counts"

Date _____

The undersigned being the next of kin hereby authorize **Jennings Funeral Home & Crematory** and/or its agents, to remove and take possession of the remains of:

_____, and further authorize **Jennings Funeral Home & Crematory** to:

- Embalm said remains.
- Authorize sanitary care and refrigeration, to comply with **Florida Statutes 872.03 and 470.032 (b)**.

Signed _____

Address _____

Relationship _____

Witness _____

Telephone authorization given to _____

By _____ Date _____ Time _____

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