



744 South Central Ave.
Atlanta, Georgia 30354
404-761-2697 Fax: 404-766-2697

AUTHORIZATION FOR RELEASE OF REMAINS

I do hereby authorize Airport Mortuary Shipping Service, 744 South Central Avenue Atlanta, Georgia to remove the remains of:

from _____

for (circle) **CREMATION EMBALMING DELIVERY**

Do we have permission to embalm (circle one) **YES NO**

Next of kin/Funeral Home Rep **Relationship**

Next of kin/Funeral Home Rep (signature)

Address **City/State** **Zip Code**

Phone number **Date**

CLEAN SHAVEN? YES NO (facial hair instructions)
(If not noted we will leave as is)

NOTES/SPECIAL INSTRUCTIONS

