

*R. Lee Williams & Son Funeral Home and Crematory, Inc.*

3530 49th Street North  
St. Petersburg, Florida 33711  
**727-527-1177**

Release Authorization

I \_\_\_\_\_ give R Lee Williams & Son Funeral Home and Crematory, St. Petersburg Florida, the permission to remove \_\_\_\_\_ from his/her present location and to initiate arrangements for cremation services.

I \_\_\_\_\_ certify that I am the Next of Kin and have the authority to delegate this permission to above named funeral home. I am also aware that embalming is not required by law, but may be performed at our request.

Authorization is:      In Person                       Verbal

\_\_\_\_\_  
Authorized Signature                      Relationship                      Date

\_\_\_\_\_  
Authorized Co-Signature                      Relationship                      Date

\_\_\_\_\_  
Authorized Co-Signature                      Relationship                      Date

\_\_\_\_\_  
Authorized Co-Signature                      Relationship                      Date

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We, \_\_\_\_\_, have released \_\_\_\_\_ to the above named crematory and release ourselves from any liabilities associated with removal.

\_\_\_\_\_  
Authorized Signature                      Title                      Date