

ALFIRDAUS JINNAZA SERVICES, LLC

7903 Hill Park Court, Suite #8, Lorton, VA 22079

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Email: muslimfunerals@gmail.com

AUTHORIZATION FOR RELEASE

To: _____
(Name of Hospital/Nursing Home/Medical Examiner Office/Residence)

Address: _____

Tel: _____: (cell) _____

I hereby designate the above named funeral establishment to take charge of the funeral arrangement for:

Deceased Name: _____
(Print only)

I authorize the release and removal of the remains to said funeral establishment for the purpose of burial and/or embalming. I represent that I am the legal next of kin, or I am acting as a daily authorized agent for the next of kin.

Print Name Signature (date)

Relationship Contact Number (s)

Co-signed (Print Name) Signature (date)

Relationship Contact Number (s)

Witness: _____
(Print Name) Signature (date)

VERBAL AUTHORIZATION

Authorization received from: _____

Relationship: _____ Received by: _____

Date: _____ Time: _____ (AM/PM)