



LEAVITT FUNERAL SERVICES

Crematory • Counseling • Pre-planning

AUTHORIZATION TO RELEASE REMAINS

To Whom It May Concern:

Please release the remains of the late: _____

To: **Leavitt Funeral Home** or _____

(Check all that apply)

I give permission for an autopsy.

I grant permission for the release, transfer and to otherwise prepare for burial and/or cremation of the above person.

I also grant permission for Embalming

Witness

Signature Date

Date

Relationship

Address

City State Zip Code

Mailing Address: 403 Seventh Street, Parkersburg, WV 26101
Phone: (304) 422-6459 Fax: (304) 422-4313
Email: info@leavittfuneralhome.com Website: www.leavittfuneralhome.com

