

# COOK FAMILY

FUNERAL HOME, CREMATION SERVICE, CEMETERY  
FAMILY OWNED AND OPERATED

## Release of Human Remains Authorization

**Release:**

The undersigned, being of the same a nearest degree of relationship to;

**Name of Deceased:** \_\_\_\_\_

Hereby authorize the release of the human remains and any personal property of the deceased to Cook Family Funeral Home of Bainbridge Island, Washington and/or its agents.

\_\_\_\_\_ **In Person**      \_\_\_\_\_ **By Telephone**      \_\_\_\_\_ **By Email**

**Name of person authorizing release:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Date of Release:** \_\_\_\_\_

**Cook Family Representative:** \_\_\_\_\_