



THE
Martenson
Family of FUNERAL HOMES, Inc.
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AUTHORIZATION

I hereby designate the above-named funeral establishment to take
charge of funeral arrangements

for: _____

and I authorize the release and removal of the remains to said funeral
establishment for the purpose of embalming.

I represent that I am the next of kin, or am acting as
a duly authorized agent for the next of kin.

Signed: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

WITNESS:

DATE:
