

# McKee Funeral Home Cremation Centers of America

14538 South Tamiami Trail  
North Port, FL 34287

Michael S. Fuller  
Funeral Director

## RELEASE AUTHORIZATION

I/We, the undersigned, hereby authorize \_\_\_\_\_  
(Name of person or institution)

To release the remains of the deceased \_\_\_\_\_

to the McKee Funeral Home-Cremation Centers of America, North Port, Florida.

Date \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Witness)

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## EMBALMING AUTHORIZATION

The undersigned hereby authorize the McKee Funeral Home-Cremation Centers of America, North Port, Florida, to embalm, care for and otherwise prepare for burial and / or other disposition of the remains of the deceased; \_\_\_\_\_

I / We, hereby represent, that we are the legal next of kin or authorized party to the deceased.

Date \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Witness)