

**Forever Companions
Pet Loss Services, LLC**

475 Bushy Hill Rd
Simsbury, CT 06070
860.306.5853

Release Authorization

The undersigned hereby authorize

Name of Institution or Person

to release the remains of _____

Deceased

to _____

Name of Business

I/we hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and /or are legally authorized or charged with the responsibility for such burial and/or other disposition

Name

Relationship

Name

Relationship

Witness _____

Date _____