



102 2360 Beacon Avenue
Sidney, BC V8L 1X3
250-656-5555

Authorization for Release

I hereby give authorization to simply Cremations and Funeral Services
to preform the removal of the late:

X _____

Date of Death: _____

Authorization received from **X** _____

Relationship to the Deceased **X** _____

Signature **X** _____ Date: _____

Witness : _____
Print Signature