



## Funeral & Cremation Service

240 South Decatur Boulevard Suite 135

Las Vegas, Nevada 89107

Phone: (702) 431-6161 ~ Fax: (702) 522-8591

www.mcdermottfuneralservice.com

### Authorization for Release

The family of: \_\_\_\_\_  
(Deceased)

authorizes \_\_\_\_\_  
(Mortuary Name – ***(Where Deceased Is NOW)*** / Clark County Coroner's Office)

to release the deceased to McDermott's Funeral & Cremation Service.

#### Authorizing Agent:

Signature: \_\_\_\_\_

*By signing, I am guaranteeing that I am the person legally responsible to determine the disposition for the deceased. I acknowledge that McDermott's will not be held liable if my statements are false. I acknowledge that McDermott's will not pick up the deceased without all arrangements (Signatures of Authorizing Agent(s), information required to produce a Permit, AND payment arrangements finalized or approved). I acknowledge that, to the best of my knowledge, the deceased does NOT weigh more than 400 lbs. as that would be over the maximum weight handled by McDermott's Funeral & Cremation Service.*

Print Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_

#### **RELEASING FUNERAL HOME:**

Please release all First Call information to our Removal Technician at time of release. **IF DECEDENT'S RECORD HAS BEEN ENTERED INTO THE E.D.R.S., PLEASE SWITCH RECORD TO US AS SOON AS POSSIBLE.** Also, McDermott's will **NOT** collect any fees that your mortuary may feel entitled to. Please refrain from sending any invoices or bills to us for such charges. Thank you.

Date Release Sent to Above Funeral Home: \_\_\_\_\_ By: \_\_\_\_\_

Sent By: FAX EMAIL Fax#/Email: \_\_\_\_\_