

## AUTHORIZATION FOR CUSTODY

*\*The undersigned hereby authorizes Lankford Funeral Home and or its representatives to bring into their care the remains of the named deceased below, and understands that embalming or viewing of the deceased is not permitted.*

Date: \_\_\_\_\_

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

Print Deceased Last Name: \_\_\_\_\_

If pacemaker or other implant that contains nuclear material has been placed in loved one we give permission for this to be removed and discarded according to protocol.

\*Signature of person in charge of Arrangements:

Print the Name of the Person in Charge of the Arrangements:

Print the Last Name of the Person in Charge of the Arrangements:

Print the Address of Person in Charge of the Arrangements:

Email: \_\_\_\_\_

*By signing below, I agree that the above information is true and correct. Any errors may lead to additional costs in correcting state documents.*

\*Your Signature: