



15006 HIGHWAY 6,  
ROSHARON, TEXAS 77583 FORT BEND  
TEL: 281-710-4893

**NEXT OF KIN AUTHORIZATION  
TO RELEASE CREMAINS TO ANOTHER PERSON**

I, \_\_\_\_\_ " being the **NEXT OF KIN/AUTHORIZING AGENT**  
of the deceased, \_\_\_\_\_ " authorize *Fort Bend Memorial Planning Center*  
permission to release the above deceased cremated remains to:

1. \_\_\_\_\_  
Printed Name Of Person To Receive

ALTERNATIVE PERSON

2. \_\_\_\_\_  
Printed Name Of Person To Receive

NOTE: A COPY OF A PHOTO IDENTIFICATION/DRIVERS LICENSE OF THE  
RECEIVING PERSON IS REQUIRED AND WILL BE MADE WHEN THE  
CREMAINS ARE RELEASED TO THE ABOVE PERSON.  
THE PHOTO I.D. WILL BE RETAINED IN THE DECEASED CREMATION FILE.

\_\_\_\_\_  
Signature **Of NEXT OF KIN/AUTHORIZING AGENT**

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