



AUTHORIZATION TO REMOVE HUMAN REMAINS

1. Decedent's Name (*First, Middle, Last*) _____
2. Date of Death (*MM/DD/YYYY*) _____ 3. Time of Death (Military Format): _____
4. Place of Death _____
 - b. City, Town, or Location of Death _____
 - c. County of Death _____
5. Date of Birth (*MM/DD/YYYY*): _____
6. Next of Kin (*First, Middle, Last*) _____
7. Relationship to the Decedent _____
8. Phone Number _____

I hereby affirm that I am the legal next of kin, or a duly authorized agent acting on behalf of the next of kin, and do hereby authorize the Islamic Center of Richmond / Al Firdous, a licensed funeral establishment, or its designated representative, to take custody of the decedent's remains and to make all necessary arrangements pertaining to the funeral and burial.

Date: _____

Signature: _____