

Encore Care Center
2300 S. Kalamath Street
Denver, Co 80223
303-935-5989

CREMATION AUTHORIZATION FORM

The undersigned hereby authorizes Encore Care Center and/or its agents, to care for, cremate and otherwise prepare for burial and/or other disposition of the body of

_____.

The undersigned also hereby represents that he/she or they have the legal right to authorize the cremation of this body.

Name of Funeral Provider: _____

Name of Person Authorizing Embalming: _____

Relationship: _____

Signature: _____

Date: _____