



AUTHORIZATION TO RELEASE REMAINS

TO WHOM IT MAY CONCERN:

PLEASE RELEASE THE REMAINS OF THE LATE:

TO GROCE FUNERAL HOME.

- I give permission to embalm.
- I do not give permission to embalm.

Signature _____

Relationship _____

Address _____

Phone _____

Date _____

Witness _____

West Asheville
1401 Patton Avenue
Asheville, NC 28806-1793
828/ 252-3535

Lake Julian
72 Long Shoals Road
Arden, NC 28704-7782
828/ 687-3530