



PERMISSION TO COLLECT ASHES

I, the undersigned, hereby give permission to the Breana Liu group to collect the ashes of the late:

DOB: ___/___/___

DOD: ___/___/___

Authorizing person

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____ (M) _____

Signature: _____ Date: ___/___/___

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