

SCARANO RELEASE AUTHORIZATION FORM

I, _____, (next of kin or authorizing agent),
herby authorize the Damiano Funeral Home to release the deceased,
_____ to Joseph A. SCARANO
Shipping or its agent representatives.

Name	Relationship	Date
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Witness	Relationship	Date
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PREPARATION AUTHORIZATION

The undersigned herby authorize Joseph A. SCARANO Shipping or its
representatives: _____ to embalm _____ NOT to embalm

The above named deceased.

Name	Signature
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Relationship	Date
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PREPARATION INFORMATION

Clean Shaven: ___ Mustache: ___ Beard ___ Goatee ___

Approx. Weight: _____ Height: _____ Photo Y/N ___

Did the deceased wear dentures Y/N ___

Please return authorization via fax to: 732-222-0238