



Authorization Form for Fingerprint Collection

Funeral Home Information:

Name of Funeral Home:

Address:

Contact Person:

Phone Number:

Email:

Deceased Information:

Name of Deceased:

Date of Birth:

Date of Death:

Authorization for Fingerprint Collection:

We, the undersigned, hereby authorize Douglas Trade Service and Crematory to collect fingerprints of the deceased person named above for the purpose of cremation and any related services. We understand and agree to the following:

1. The fingerprints collected will be released to the funeral home listed above.
2. The fingerprints will be handled with the utmost care and respect for the deceased.
3. Every effort will be made to obtain clear fingerprints to the best of our abilities.

Authorized Signatory:

Signature: Date:

Collected By:

Name: _____ Date: _____ Time: _____