Authorization Form for Hair 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 Hair Collection:

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

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

Authorized Signatory:

Signature: _____ Date: _____

Collected By:

Name: _____ Date: _____ Time: _____