



"A caring service of Moss Family Funeral Homes"

Pet Release Authorization

Moss Family Funeral Homes

**209 S. Batavia Avenue
Batavia, Illinois 60510 St.
(630) 879-7900**

**100 South 3rd Street
Charles, Illinois 60174
(630) 548-2000**

The undersigned hereby authorizes _____ to release the beloved pet of _____ to Moss Family Paws/Moss Family Funeral Homes and or its agents.

I (we) hereby represent that I am (we are) the legal pet owner (s) to the deceased pet and/or are legally authorized or charged with the responsibility for such cremation.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Witness _____

Date _____

Not Present Authorization

Telephone () Fax () Email () Other _____

Date _____ Time _____ Fax Number _____

Telephone Number _____ Email _____

Person Making Authorization _____ Relationship _____