

Relinquishment Addendum to Consent for Services



Relinquishment of Right to Control the Funeral and Disposition

NAME OF DECEDENT <i>(first, middle, last)</i>			DATE
DATE OF DEATH	PLACE OF DEATH	DATE OF BIRTH	SEX

Having been informed of the rights and responsibilities of the person or persons with the right to control the funeral and disposition of a decedent under N.J.S.A. 45:27-22, I certify that I am related to the decedent as indicated below, and after careful consideration hereby willingly and irrevocably relinquish my right to control the funeral and disposition of the named decedent.

I acknowledge that upon my relinquishment, the right to control the funeral and disposition will immediately transfer to the next available person or persons as outlined in N.J.S.A. 45:27-22.

Further, I release and hold harmless the person or persons who now assume the right to control as well as the Funeral Home, its officers, agents and employees from any and all liability, claims and actions arising out of my decision.

NAME OF PERSON RELINQUISHING RIGHT TO CONTROL	SIGNATURE	DATE
ADDRESS <i>(street, city, state, zip)</i>		
TELEPHONE NUMBER	RELATIONSHIP TO DECEDENT	

NAME OF FUNERAL DIRECTOR AS WITNESS	SIGNATURE	DATE
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