AUTHORIZATION TO RELEASE CREMAINS

I,	, hereby authorize	, to
Name of family member	Family representative	
retrieve the cremains of	, my fr	rom the
Decedent	Relationship	
Georgia Bureau of Investigation and the Walker County Coroner's Office on		
Wednesday, August 17, 2005 at the Walker County Civic Center, located in Lafayette,		
Georgia. I also hold the Georgia Bureau of Investigation harmless for any and all		
matters that may arise regarding the transfer of the cremains from the possession of the		
Georgia Bureau of Investigation/Walker	r County Coroner's Office to the family	
Representative.		

Family Member

Sworn to and subscribed before me this _____ day of _____, 2005.

Notary Public