

BOWMAN GRAY SCHOOL OF MEDICINE
OF WAKE FOREST COLLEGE
WINSTON-SALEM, N. C.

PERMIT FOR CREMATION

Date.....

Name of Deceased.....

Time of Death.....
Month Day Year

1. I hereby authorize the Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C., and such person or persons as they may designate, to cremate the body of
....., my relation to the deceased being that of
.....

2. I know of no surviving spouse of the deceased and no one of closer kin than I, available to assume custody of this body and to provide for the disposal of same.

Note: If this permit is to be signed by a surviving spouse, paragraph 2 above should be stricken out.

3. I further authorize.....
Funeral Director
to arrange for this cremation; and that the remains (ashes) be delivered, mailed, or otherwise disposed of in accordance with instructions from said funeral director.

4. I desire that the remains (ashes) (be)* (not be)* saved.

*Strike out inappropriate word(s).

..... Witness Signed

Relation