

DATE

NAME OF REQUESTOR
ADDRESS
CITY AND POSTAL CODE
PHONE NUMBER

I confirm that I (NAME OF REQUESTOR) am the (RELATIONSHIP TO DECEASED) of (DECEASED NAME AND ADDRESS). I have shown proof of my identity and relationship to (CO-OP NAME) in the form of

_____.

I would like to enter the deceased's unit (UNIT #) in order to retrieve items for (NAME OF DECEASED)'s burial. I understand that (CO-OP NAME) staff will be present and will record all items that I wish to remove.

Signed_____

Witnessed by_____

Date _____