

**AUTHORIZATION FOR RELEASE OF INFORMATION,  
WAIVER AND RELEASE OF LIABILITY**

The undersigned hereby authorize FAITH'S FRIENDS, and any member of its Board of Directors and/or staff to secure personal and financial information (including confidential information) pertaining to the undersigned's final disposition of a minor child from [*insert name and address of funeral home, monument facility, etc.*]:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Any such above described entity or entities shall be fully authorized to release such information based upon a photocopy or facsimile copy of this Authorization.

The undersigned hereby authorize the release of any requested information pertaining to any personal, financial and/or confidential information of the undersigned including information or accounts held by the above referenced entity or entities. The release of this information is intended to facilitate potential financial assistance from FAITH'S FRIENDS, a 501(c)(3) non-profit Iowa corporation, on behalf of the undersigned's final disposition of a minor child.

The undersigned further understand that the undersigned's family name, photograph, voice and/or likeness may be used in promotional or advertising materials of or by FAITH'S FRIENDS or its affiliated entities. The undersigned consent to such uses and waive any rights of privacy or publicity the undersigned may have in connection with those uses. The undersigned further agree to indemnify and hold the entity or entities released above harmless from any and all losses, damages, claims and expenses, including attorney's fees, arising from or relating in any respect to the undersigned's consent in connection with such uses.

Any privilege of confidentiality which the undersigned may have is waived to this extent.

This Authorization will remain in effect until amended or revoked in writing by the undersigned.

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date