

## Permission

Customer #: \_\_\_\_\_

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I, \_\_\_\_\_, give my permission to Sasha Freedom Gilfoyle, or any legal representative of the business - Sephaquois LLC d/b/a The Last Word, to inquire of and confirm my death. I give this permission to any doctor's office, hospital, morgue, police representative, EMT representative or anyone in authority who knows of and can confirm my death. I also give permission for anyone in my family to also confirm my death. This permission ONLY extends to the status of my death and/or funeral, no other personal information is required to be shared.

Printed name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Notary

Printed name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

SEAL: \_\_\_\_\_