



BETHEL BROTHERS

MORTICIANS & CREMATORIUM

*Service Above Self*

SINCE 1943

TELEPHONES: (242) 322-4433 /326-7030  
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N.P. BAHAMAS

P.O. BOX N-1026  
NASSAU,

Administration  
Doctors Hospital  
Nassau, Bahamas

This is to certify that I authorize **BETHEL BROTHERS MORTICIANS** to remove the remains of

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*(Name of Deceased)*

from Doctors Hospital for the necessary preparation for burial/cremation.

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

Date: \_\_\_\_\_

\_\_\_\_\_

*(Print Name)*

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_ *(Print Name)*