

Release Authorization

The undersigned hereby authorize _____ (*Name of Institution or Person*) to release the deceased human remains of _____ (*Deceased*) to _____ (*Name of Funeral Home*) and/or its agents.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Witness

Date