

RELEASE AUTHORIZATION

The undersigned hereby authorize and request _____
(Name of Institution or Person(s))

to release the body of _____
(Name of Deceased)

to _____ including its agents.
(Name of Mortuary)

Undersigned represent that he/she has the legal authority to take this action

(Signature and Relationship to Deceased) Date _____

Date _____

PROPERTY RELEASE

The undersigned hereby authorize and request _____
(Name of Institution or Person(s))

to release the property of _____
(Name of Deceased)

to _____ including its agents.
(Name of Mortuary)

Undersigned represent that he/she has the legal authority to take this action

(Signature and Relationship to Deceased) Date _____

Date _____