

Malinow & Silverman Mortuary

RELEASE AUTHORIZATION

I/We, the undersigned, hereby authorize and request

_____, to release/transfer the body
(PLACE OF DEATH/ASSOCIATE FUNERAL HOME)

of _____, to the above named funeral home.
(NAME OF DECEASED)

I/We acknowledge and agree that this Release Authorization permits the above named funeral home to use the services of other funeral homes/affiliates, or other independent contractors in connection with the transfer of the deceased from the place of death.

I/We represent that I/We have legal authority to give this authorization. I/We agree to indemnify and hold the above-named funeral home, its affiliates and their agents and employees harmless from any and all liability or claim, which may arise as a result of this Release Authorization.

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP TO DECEASED

WITNESS (FUNERAL HOME REPRESENTATIVE)

DATE

PRINT NAME (FUNERAL HOME REPRESENTATIVE)

IF AUTHORIZATION IS **ORAL**, COMPLETE THE FOLLOWING:

AUTHORIZATION RECEIVED FROM

FUNERAL HOME REPRESENTATIVE

RELATIONSHIP TO DECEASED

DATE AND TIME RECEIVED