

Donnellan

♦ FAMILY FUNERAL SERVICES ♦

www.donnellanfuneral.com

RELEASE AUTHORIZATION

THE UNDERSIGNED HEREBY AUTHORIZE

NAME OF INSTITUTION OR PERSON

TO RELEASE THE REMAINS AND PERSONAL EFFECTS OF

(NAME OF DECEASED PERSON)

TO DONNELLAN FAMILY FUNERAL SERVICES 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)

(SIGNATURE)

(PRINT NAME & RELATIONSHIP TO DECEASED)

(PRINT NAME & RELATIONSHIP TO DECEASED)

WITNESS FOR DONNELLAN FAMILY FUNERAL SERVICES
