



17324 Sunshine Trail Sabillasville, MD 21780
(877)-939-2876

**AUTHORIZATION FOR RELEASE
PARTIES**

"FUNERAL HOME": Cremation Society of Monocacy Valley
(Name of Funeral Home)

"REPRESENTATIVE": _____
(Name of Representative – Use Reverse Side for Additional Names)

"DECEDENT": _____
(Name of Decedent)

"INSTITUTION": _____
(Name of Institution or Person Holding Remains)

Identifying Information of the Deceased

Race of Deceased: _____

Date of Birth of Deceased: _____

Social Security Number: _____

Tattoos, Scars or Other Identifying Features: _____

RELATIONSHIP OF REPRESENTATIVE

The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:
(Check the appropriate box)

- Spouse
- Next-of-Kin (Closest Living Relative)
- Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other:

AUTHORITY OF REPRESENTATIVE

The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

RELEASE AUTHORIZATION

The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the FUNERAL HOME and/or its agents.

INDEMNIFICATION

The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this authorization for removal or the FUNERAL HOME's reliance thereon.

SIGNATURE OF REPRESENTATIVE: _____ **DATE:** _____