

FREEMAN FUNERAL SERVICES, PA

7201 OLD ALEXANDRIA FERRY RD
SUITE 4C/1A
CLINTON, MD 20735
301-877-3733

RELEASE/REMOVAL AUTHORIZATION

Hospital/Insitution: _____

I hereby designate the above-named funeral establishment to take charge of my relative _____ for funeral arrangements, I authorize the release and removal of the remain to said establishment for the purpose of cremation _____ and/or embalming _____. I represent that I am the next of kin, or I am acting as an authorized agent for the next of kin.

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.

Signed: _____ Date: _____

Relationship: _____

Co-signature: _____ Date: _____

Relationship: _____

Witness: _____

FOR VERBAL (TELEPHONIC) AUTHORIZATION

Authorized form: _____

Relationship: _____ Date: _____ Time: _____