

MCPHERSON FUNERAL SERVICES, P.A.

12827 Old Fort Road, Suite 103, Fort Washington, MD 20744

Office 301-292-4603

Fax 301-292-9213

RELEASE AUTHORIZATION

I hereby designate the above named funeral establishment to take charge of funeral arrangements for:

(Deceased)

(Location of Deceased)

I further authorize the release and removal from any hospital, institution or person holding said remains to the above funeral establishment for the purpose of preparing the remains for burial, cremation, or shipment. I give this authorization with the understanding that any person possessions have been previously removed and will indemnify and hold harmless the funeral establishment, their officers and employees from any liability, costs, expenses or claims of loss resulting from the removal by this authorization.

The deceased (has) (has not) to my (our) knowledge a communicable disease or been exposed to one.

I REPRESENT THAT I AM THE PERSON WITH THE LEGAL RIGHT TO DISPOSITION, OR ACTING AS A DULY AUTHORIZED AGENT FOR THE PERSON WITH THE LEGAL RIGHT TO DISPOSITION AND AS SUCH HAS THE PARAMOUNT RIGHT TO DIRECT THE DISPOSITION OF THE DECEDENT.

Signed: _____

Address: _____

Phone: _____ Date: _____

AUTHORIZATION TO EMBALM: YES _____ NO _____ RELATIONSHIP _____

Signature: _____ Date: _____

Relationship to the deceased: _____

VERBAL (TELEPHONE) AUTHORIZATION

Authorization received from: _____

Relationship: _____ Date: _____ Time: _____