

Release Authorization

Name of Decedent (the "Decedent") _____
(LAST, First Middle)

Date of Birth _____ Date of Death _____ Case ID# _____

Name/Loc# of Funeral Home (the "Funeral Home") _____

I, the undersigned, hereby authorize and request _____
(Name of Place of Death or Funeral Home with Custody of Decedent)

(Address of Place of Death or Funeral Home with Custody of the Decedent)

release/transfer the remains of the Decedent to Hines Rinaldi Funeral Home
(Name of Funeral Home or Institute Assuming Custody of Decedent)

11800 New Hampshire Ave. Silver Spring MD 20904.
(Address of Funeral Home or institute Assuming Custody of Decedent)

I acknowledge and agree that this release authorization permits the Funeral Home to use the services of other funeral home/affiliates or other independent contractors in connection with the transfer of the Decedent from the place of death or Funeral Home.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

Print Name of Authorized Representative

Relationship to Decedent

X
Signature of Authorized Representative

Date

Print Name of Funeral Home Representative

Title

Signature of Funeral Home Representative

Date