



ROBINSON FUNERAL HOME, INC.  
1313 6TH STREET N.W.  
WASHINGTON, DC 20001  
OFFICE (202) 387-5984 FAX (202) 387-3722

**AUTHORIZATION FOR RELEASE**

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

for: \_\_\_\_\_,

DOB: \_\_\_\_\_

DOD: \_\_\_\_\_

and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming. I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

Hospital \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR VERBAL (TELEPHONE) AUTHORIZATION:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_