

**EDWARDS MEMORIAL FUNERAL HOME  
44 CONGRESS STREET  
MILFORD MASSACHUSETTS 01757  
(508)-473-0225 (Office #) ~ (508)-473-4550 (Fax #)**

**AUTHORIZATION TO RELEASE**

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

TO: Admitting Office / Medical Examiner's Office

The undersigned hereby authorizes the release of the remains of & any valuables/clothing of :

\_\_\_\_\_

to the Edwards Memorial Funeral Home Inc. and/or its agents.

\_\_\_\_\_ Signature

\_\_\_\_\_ Relationship to the Deceased

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Telephone Number