



978-948-7763

RELEASE AUTHORIZATION

To: _____

I, the undersigned hereby acknowledge that I am the responsible next of kin of the decedent: _____. The relationship to the deceased is that of: _____ . In that capacity, I the undersigned hereby authorize the F. S. Roberts & Son Funeral Home, including its agents, to remove the deceased from your facility.

Printed Name of Next of Kin

Date

Signature

Printed Name of Witness

Date

Signature

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