



AUTHORIZATION FOR RELEASE OF REMAINS OF THE DECEDENT TO THE FUNERAL HOME

1. **PARTIES**

"REPRESENTATIVE" _____

ADDRESS _____

"DECEDENT" _____

"INSTITUTION" _____

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to Brown & Hickey Funeral Home that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

___ Spouse

___ Next-of-Kin (closest living relative) _____

___ Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf

___ Other _____

3. **RELEASE AUTHORIZATION:** The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the Brown & Hickey Funeral and/or its agents.

4. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the Brown & Hickey Funeral Home from any claims or causes arising or related in any respect to this authorization for removal or the Funeral Home's reliance thereon.

SIGNATURE: _____

DATE: _____