

# JOHN T. RHINES FUNERAL HOME

1505 KENILWORTH AVE., NE, WASHINGTON, DC 20019 • (202) 529-4300

WWW.JOHNTRHINES.COM

"Continuing to provide Honest and Sincere Services."

## RELEASE AUTHORIZATION

The undersigned being of the same and nearest degree of relationship to:

\_\_\_\_\_  
NAME OF DECEASED

Hereby Authorize: \_\_\_\_\_

NAME OF INSTITUTION OR PERSON

To release the body of the deceased to *John T. Rhines Funeral Home, LLC*.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## AUTHORIZATION TO EMBALM

The undersigned hereby authorizes *John T. Rhines Funeral Home, LLC* to care, embalm and otherwise prepare for burial and/or other disposition.

I hereby represent that I am of the same and nearest degree to the deceased or am acting as an authorized agent for the next of kin.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### WITNESSED BY:

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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