

RUGGIERO FAMILY MEMORIAL HOME

971 Saratoga Street
Boston, Massachusetts 02181
(617) 569-0990

AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for: _____, 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.

Signed: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

WITNESS:

DATE:

FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from _____

Relationship _____

Date _____ Time _____ Received by _____