



## Authorization for Removal of Remains

Name of medical or other facility where deceased is currently located which is authorized to release remains: \_\_\_\_\_

I, the undersigned, hereby authorize the above named facility to release the remains of the late \_\_\_\_\_ to the care and custody of the representatives of Hamel-Lydon Chapel & Cremation Service of MA.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and relationship to deceased

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip code