



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 Massachusetts.

Signed

Date

Print Name & Relationship to Deceased

Address

City/State

Zip