

# Miller-Josey Mortuary, LLC

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Barry A. Wright, Director

“Professional and Dignified Services”

## RELEASE AUTHORIZATION

The under named hereby authorize:

\_\_\_\_\_  
Name of Institution or Person

to release the body of and personal effects of:

to \_\_\_\_\_

\_\_\_\_\_  
Name of Funeral Home

I/we hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and /or are legally authorized or charged with the responsibility for such burial and/or other disposition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness