



933 GIST AVENUE • LOWER LEVEL • SILVER SPRING, MD 20910

## **Authorization for Release of Remains of the Decedent**

I. **Parties:**

“FUNERAL HOME”: Thibadeau Mortuary Service, P.A.

“REPRESENTATIVE”: \_\_\_\_\_

“DECEDENT”: \_\_\_\_\_

“INSTITUTION”: \_\_\_\_\_

2. **Relationship of Representative:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate)

\_\_\_ Spouse

\_\_\_ Next-of-Kin (Closest Living Relative)

\_\_\_ Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.

\_\_\_ Other: \_\_\_\_\_

3. **Authority of Representative:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **Release Authorization:** The REPRESENTATIVE authorizes the INSTITUTION to release the remains of the DECEDENT to the FUNERAL HOME and/or its agents.

5. **Indemnification:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this authorization for removal or the FUNERAL HOME's reliance thereon.

Name of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_