

RMT FUNERAL SERVICES L,C

4445 Crain Hwy
White Plains, MD 20695

Authorization for Removal of Decedent

The undersigned hereby authorize the above named funeral home to take charge of the funeral: of

(Name of the Deceased)

and I authorize the release and removal of the remains to said funeral home.

I represent that I am the next-of-kin, or am acting as a duly authorized agent for the next of kin.

Signed _____

Relationship _____ Telephone _____

Co-Signed _____

Relationship _____ Telephone _____

Witness _____ Date _____

Embalming Authorized _____

FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization from _____

Relationship _____ Telephone _____

Date _____ Time _____ Received by _____

If further information or clarification is required, please contact
Jessyca Hart 240299-6215