

RMT FUNERAL HOME P.A.

**18 Irongate Dr,
Waldorf, MD 20602**

RELEASE AUTHORIZATION

(Name of Institution or Person)

to release the body of and personal effects of

(DECEASED)

To

RMT FUNERAL Home P.A.

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
