

**Release Authorization**

The undersigned hereby authorize \_\_\_\_\_ (Name of Institution or Person)  
to release the deceased human remains of \_\_\_\_\_ (Deceased)  
to **Smith-Corcoran Funeral Homes** and/or its agents.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date