(202) 697-1895

1505 Kenilworth Ave. NE; Washington, DC 20011 Email: wofyourt@aol.com E-fax: (443) 378-7354

"Worthy of Your Trust"

(202) 882-1202

RELEASE AUTHORIZATION

The undersigned hereby authorize		
to release the body of and personal effects of	Name of Institution or Person	
	Deceased	10
to_	Tri-State Funeral Services, Inc.	
I/we hereby represent that I am (we are) of the charged with the responsibility for such buri	Name of Funeral Home he same and nearest degree of relationship to the al and/or other disposition.	deceased and/or are legally authorized or
Date		
	Name	Relationship
<u>Date</u>		Relationship
Witness		Seed and
	AUTHORIZATION TO EMBALM	
The undersigned hereby authorize	AUTHORIZATION TO EMBALM	
	Tri-State Funeral Services, Inc.	
and/or its agents, to care for, embalm and oth	Name of Funeral Home herwise prepare for burial and/or other dispos <mark>itio</mark> r	of the body of
	Deceased	
I/we hereby represent that I am (we are) of the charged with the responsibility for such buri-	he same and nearest degree of relationship to the	deceased and/or are legally authorized or
enarged with the responsibility for such burn	ar and/or other disposition.	
Date	N	Dalatianakin
	Name	Relationship
<u>Date</u>	N N	D 1 1 1 1 1
	Name	Relationship
Witness		
The undersigned hereby state that I have view	IDENTIFICATION FOR SERVICES wed the body of:	
	Deceased	
	ned above. I further agree to indemnify and hold he few identification of the deceased and I authorize sition of the above named deceased.	
I/we hereby represent that I am (we are) of to charged with the responsibility for such by	the same and nearest degree of relationship to the urial and/or other disposition.	deceased and/or are legally authorized
Date		
	Name	Relationship
Date		
	Name	Relationship
Witness		