

# RELEASE AUTHORIZATION

The undersigned hereby authorize

the release the body of

to

WHIDDEN-MCLEAN FUNERAL HOME

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.

Name - Relationship

Witness

Date

WHIDDEN-MCLEAN FUNERAL HOME

650 EAST MAIN STREET

BARTOW, FLORIDA 33830

863-533-8123

863-533-3010 FAX