ROSS-BLUFORD FUNERAL SERVICE P.A.
8001 BRANCH AVENUE
Clinton, MD. 20735
Office (301)868-0050 Fax (301)567-9403

blufordfuneral@gmail.com

RELEASE AUTHORIZATION

The undersigned hereby authorize

_____

Name of Institution

to release the body of _____
Deceased Name

To Ross- Bluford Funeral Service P.A. and/or its agents.

I hereby represent that I am of the same and nearest degree of relationship to the deceased and/or legally authorized or charged with the responsibility for such burial and/or other disposition.

_____/_____Date_____
Name Relationship

_____/_____Date_____
Name Relationship

_____Verbal Authorization by next of kin

Rev:9//23