

# MacKinnon

*Funeral Home*

760 Washington Street, Whitman, MA 02382  
781-447-4141 Fax 781-447-8558

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| <b>AUTHORIZATION</b> |
|----------------------|

I hereby designate the above named funeral service to take charge of the funeral

Arrangements for; \_\_\_\_\_

And I authorize the release and removal of the remains and any such property

To said funeral establishment for purpose of proper funeral services.

*Please check appropriate box and initial.*

\_\_\_\_\_Cremation

\_\_\_\_\_Burial

\_\_\_\_\_Embalming

I represent that I am the next of kin, or am acting as an authorized agent for the next of Kin.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Per Family / Director: \_\_\_\_\_