

(202) 545-9000

# Murray Funeral Home

5635 Eads Street NE  
Washington, DC 20019  
Email: [info@murrayfuneral.com](mailto:info@murrayfuneral.com)  
Website: [www.murrayfuneral.com](http://www.murrayfuneral.com)

Fax: (202)545-1700

## RELEASE AUTHORIZATION

The undersigned hereby authorize

\_\_\_\_\_ Name of Institution or Person  
to release the body of and personal effects of

\_\_\_\_\_ Deceased  
to \_\_\_\_\_ Murray Funeral Home \_\_\_\_\_  
Name of Funeral Home

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.

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Witness \_\_\_\_\_

## AUTHORIZATION TO EMBALM

The undersigned hereby authorize

\_\_\_\_\_ Murray Funeral Home \_\_\_\_\_  
Name of Funeral Home and/or its agents,  
to care for, embalm and otherwise prepare for burial and/or other disposition of the body of

\_\_\_\_\_ Deceased  
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.

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Witness \_\_\_\_\_

## IDENTIFICATION FOR SERVICES

The undersigned hereby state that I have viewed the body of:

\_\_\_\_\_ Deceased  
and certify that this is indeed the person named above. I further agree to indemnify and hold harmless the Funeral Home and its staff against any and all legal claims arising out of my identification of the deceased and I authorize the funeral home or its agents, to care for and prepare for burial and/or other disposition of the above named deceased.

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.

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Date \_\_\_\_\_

\_\_\_\_\_ Name Relationship

Witness \_\_\_\_\_