

**HAMEL
FUNERAL CARE**

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Authorization for Removal of Remains

Name of Medical or Other Facility where deceased is currently located which is authorized to release remains: _____

I, the undersigned, hereby authorize the above named facility to release the Remains of the late _____ to the Care and custody of the representatives of Hamel Funeral Care and Cremation Service of Massachusetts.

Signed _____ date

Print name and relationship to decedent

Address

City/State _____ Zip code



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