

Amigone

Funeral Home, Inc.

AUTHORIZATION TO RELEASE REMAINS

To Whom It May Concern:

Please release the remains of the late :

To the Amigone Funeral Home, Inc.

I give permission for an autopsy.

I do not give permission for an autopsy.

I grant permission to care for , embalm and otherwise prepare for burial and/or other disposition.

Witness

Signature

Date

Relationship

Address

Mailing Address: 2600 Sheridan Dr, Buffalo, NY 14150 (716) 836-0130