



22111 Beallsville Road  
Barnesville, MD 20838  
(301)349-2135

RELEASE AUTHORIZATION

Facility: \_\_\_\_\_

1. Name of decedent: \_\_\_\_\_

2. Name of person(s) authorizing removal: \_\_\_\_\_  
\_\_\_\_\_

3. Relationship to decedent: \_\_\_\_\_

I, the above named, hereby authorize Hilton Funeral Home, located at 22111 Beallsville Road, Barnesville, MD, or its agents, to make the removal of said decedent from the above mentioned facility or address listed above.

I, also by signing, accept any responsibility for charges incurred in the transportation and care of the above mentioned decedent by Hilton Funeral Home. The signed person authorizing removal also acknowledges responsibility for payment of these services. (\$400.00)

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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

Signature of Funeral Home Representative \_\_\_\_\_