

Cooper

FUNERAL HOME

JACOB B. HEBDON TIMOTHY D. COOPER
LICENSED FUNERAL DIRECTORS

215 WEST CENTER STREET
MEDINA, NEW YORK 14103
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WWW.COOPERFUNERALHOME.COM

AUTHORIZATION TO RELEASE BODY

The undersigned hereby authorizes _____ (facility)
to release the human remains of _____ (deceased) to
Cooper Funeral Home or its representatives.

Print Name

Relationship

Signature

Date