

## Release

I/We	,(relationship)
of	(deceased), who died on
hereby authorize the release of	to
MeadowLawn Funeral Home & Cremat	ory from the
San Antonio, Texas. With this documen	t, I state that I am the legal responsible party authorized
to handle the arrangements of the abo	ve named deceased.
Full Name of Deceased:	
Social Security Number of Deceased: _	
Date of Birth of Deceased:	
Signed:	Date:
Witness:	Date:





