



3 South Main Street  
Williamsburg, MA 01039  
(413) 268-3400

[www.hampshirecremation.com](http://www.hampshirecremation.com)

Joseph F. Pasternak III, Director & Owner

### AUTHORIZATION FOR RELEASE FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

I, \_\_\_\_\_, hereby designate Williamsburg Funeral Home to take  
(Name of Next of Kin)

charge of funeral arrangements for my \_\_\_\_\_, \_\_\_\_\_  
(Relationship) (Decedent's Name)

\_\_\_\_\_  
(Decedent's Address)

I authorize the release and removal of the remains to Williamsburg Funeral Home. I represent that I am the next of kin, or am acting as an authorized agent for the next of kin. I also acknowledge that any ***possessions*** and/or ***valuables*** that are with the Decedent at the time of the removal, will be kept with the Decedent unless specifically requested by the Next of Kin or their Authorized Agent to remove these items prior to final disposition.

Williamsburg Funeral Home takes no responsibility for storage of cremated remains for which no permanent disposition is given within two weeks after cremation.

\_\_\_\_\_  
(Signature of Next of Kin)

\_\_\_\_\_  
(Address of Next of Kin)