



Office:
426 BROADWAY (Rt. 129)
LYNN, MA 01904
(781) 595-1492
fax (781) 593-8614

RELEASE FORM

Date: _____

To: _____

PLEASE RELEASE THE REMAINS AND PERSONAL EFFECTS OF

_____, MY _____

TO THE SOLIMINE FUNERAL HOME OF LYNN, MASSACHUSETTS.

SIGNED: _____

PRINT NAME _____

ADDRESS _____

TELEPHONE _____