

# MeadowLawn

Memorial Park & Crematory

PO Box 200606 \* 5611 E. Houston St. \* San Antonio, TX 78220  
(210)661-3991 \* Fax: (210)662-4844  
www.meadowlawnmemorialpark.com

## RELEASE

I/We \_\_\_\_\_, \_\_\_\_\_ (relationship)  
of \_\_\_\_\_ (deceased), who died on \_\_\_\_\_  
hereby authorize the release of \_\_\_\_\_ to  
MeadowLawn Funeral Home & Crematory from the \_\_\_\_\_,  
San Antonio, Texas. With this document, I state that I am the legal responsible party authorized  
to handle the arrangements of the above named deceased.

Full Name of Deceased: \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_

Date of Birth of Deceased: \_\_\_\_\_

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

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