

**JOSEPH W. CASPER & SONS  
FUNERAL HOME, INC.**

*Funeral Directors*

*Joseph W. Casper David A. Casper Kenneth J. Casper*

**187 DORCHESTER STREET**

**BOSTON, MASSACHUSETTS**

**02127-2846**

**Telephone (617) 269-1930**

**FAX (617-269-1987**

**E-Mail: *info@casperfuneralservices.com***

***www.casperfuneralservices.com***

**AUTHORIZATION OF RELEASE**

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

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

I, \_\_\_\_\_ hereby designate the CASPER

FUNERAL HOME to take charge of funeral arrangements for my \_\_\_\_\_,

\_\_\_\_\_

of \_\_\_\_\_,

and I authorize the release and removal of his remains to the JOSEPH W. CASPER

FUNERAL HOME.

I represent that I am the next of kin, or am acting as an authorized agent for the  
next of kin.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Burial/Cremation \_\_\_\_\_

Place of Burial/Cremation \_\_\_\_\_