

# Release Authorization

**Burquitlam Funeral Chapel Ltd.**  
625 North Road, Coquitlam, B.C. V3J 1P2  
Tel: 604-936-9987 Fax: 604-936-6912

To (Name of Hospital/Care Home):

\_\_\_\_\_

You are hereby authorized to release the Late:

\_\_\_\_\_

To Burquitlam Funeral Chapel Ltd. for arrangements per instructions issued by the person noted below:

Released by (Print): \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Deceased's Height \_\_\_\_\_ Weight \_\_\_\_\_

Signature .....