

*Christian J. Consoletti*  
*Owner, Director*

## Authorization

I hereby designate the above-named funeral establishment  
to take charge of the funeral arrangements

**For:** \_\_\_\_\_  
and I authorize the release and removal of the remains and personal effects to said  
funeral establishment. I also authorize embalming or cremation or both. I also  
authorize the funeral home to take a profile facial photograph of the deceased for  
the sole purpose of positive identification when possible. The photo will become  
part of the record and shared only with proper authorities on request.

**I represent that I am the next of kin or  
I am acting as an authorized Agent for the next of kin.**

**Signed:** \_\_\_\_\_  
Signed under the **pains** and penalties of **perjury**,

**Print Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I.D. Used:

Drivers Lic. #: \_\_\_\_\_ and State: \_\_\_\_\_

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

Print name: \_\_\_\_\_

Date:

Telephone Authorization:

**W**areham  
**V**illage Funeral Home

*5 Center Street  
Wareham, MA 02571  
Tel: (508) 295-4748  
Fax: (508) 295-4834*

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ *Christian J. Consoletti*  
Phone number: \_\_\_\_\_ Received by: \_\_\_\_\_ *Owner, Director*