

**Cremation Care of Rhode Island**  
(an affiliate of Olson & Parent Funeral Home, Inc.)  
417 Plainfield Street  
Providence, RI 02909  
401-944-6460  
[OlsonParent1@gmail.com](mailto:OlsonParent1@gmail.com)

**Authorization for Release**

I hereby designate Olson & Parent Funeral Home, Inc. to take charge of funeral arrangements for:

\_\_\_\_\_

I authorize the release and removal of the remains to the said funeral establishment for the purpose of funeralization.

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

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

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Co-Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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