



**MOLONEY**

*Family Funeral Homes, Inc.*

**Bohemia Funeral Home**  
1320 Lakeland Avenue  
Bohemia, NY 11716  
(631) 589-1500

**Hauppauge Funeral Home**  
840 Wheeler Rd., (Rte. 111)  
Hauppauge, NY 11788  
(631) 361-7500

EXECUTIVE OFFICE:  
**Lake Funeral Home**  
132 Ronkonkoma Avenue  
Lake Ronkonkoma, NY 11779  
(631) 588-1515

www.moloneyfh.com

**Moloney Funeral Home**  
130 Carleton Avenue  
Central Islip, NY 11722  
(631) 234-6000

**Holbrook Funeral Home**  
825 Main Street  
Holbrook, NY 11741  
(631) 981-7500

**Authorization for Release of Cremated Remains**

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

I, \_\_\_\_\_ being the \_\_\_\_\_  
(Next of Kin) (Relationship)

of \_\_\_\_\_, Hereby authorize Moloney's Lake Funeral Home  
(Name of Deceased)

to release the cremated remains of \_\_\_\_\_ to:  
(Name of Deceased)

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

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(please include area code)

**OR**

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

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Please include area code)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Please Print Name)