

Authorization to Disclose Information

Complete the form and fax or email it to: 216-221-9220 or Info@malloymemorial.com

Please note: Your request may take 10 to 15 business days to process. If you need it expedited, please contact us to make arrangements.

Our long-standing commitment and dedication to service, tradition, and value continues to be the foundation of our firm. We strive to provide a professional, caring environment that respectfully represents your wishes and the memory of you loved one or client.

It is our standard practice to give each payor of the funeral bill a stamped "Paid Receipt". We suggest you locate that copy from the payor directly. If the copy cannot be located or you are handling the Estate, we can assist you but must charge an Estate Document Fee of \$15.

Checks can be made payable to Malloy-Esposito and can be mailed to 1575 W. 117th Street Cleveland, Ohio 44107. Unfortunately, we are unable to accept credit cards or send the requested information electronically. We ask that you call our office to set up an appointment for pick up.

Name o	or Estate: Date:
Reques	ster's Name:
Addres	s:
Phone	Number: Email:
How ar	re you related to the above listed Name or Estate?
Are you	authorized to request this information? \square Yes \square No
Туре о	f Information to Be Disclosed
0	Copy of Paid Funeral Bill (\$15 Estate Document Fee)
0	Copy of Death Certificate (\$40 Document Courier Fee + \$25 per Certified Copy)
0	Copy of Cremation Certificate
0	Other (please specify below)
	
	SIGNATURE OF REQUESTER: DATE:
	SIGNATURE OF PERSON(S) WITH AUTHORITY: DATE:
For Off	ice Use Only
0	Approved Not Approved for following reason