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(Name of Funeral Home)

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(Address of Funeral Home)

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(City)

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(State)

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(Zip)

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Funeral Home Contact Email: \_\_\_\_\_ LIC. NO. \_\_\_\_\_

## RELEASE AUTHORIZATION

### TO WHOM IT MAY CONCERN:

Pursuant to California Health and Safety Code Section 7100, I declare that I have the authority to control the disposition of the remains of

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(Name of Decedent)

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(Date of Birth)

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(Date of Death)

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(Place of Death or Facility with Custody of the Decedent)

and I authorize and direct you to release the remains of the decedent to the above-named funeral home or their representatives, affiliates, or other agents for care and disposition as instructed.

I acknowledge that this release authorization permits the funeral home to use the services of other funeral homes/affiliates or other independent contractors in connection with the transfer of the decedent from the place of death or other facility to the funeral home. I agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this Release Authorization.

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Funeral Home Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Funeral Home Representative (Signature)

\_\_\_\_\_  
Date