
(Name of Funeral Home)

(Address of Funeral Home)

(City)

(State)

(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

(Name of Decedent)

(Date of Birth)

(Date of Death)

(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