

ORDER RELEASE FORM

Date: _____ 20____

To: _____

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral home that I desire to take charge of the body of _____ deceased.

Therefore, please release the body of the above named deceased to SOUTH L.A. CREMATION SERVICES, 1020 W. 94th Street, Suite A, Los Angeles, CA 90044.

Name _____ Relationship _____
(PRINT)

Address _____ City _____

State _____ Zip Code _____

Telephone _____

Signature _____

Remarks

