

AUTHORIZATION TO RELEASE

Date: _____

Location of Decedent: _____

I certify that I am the next of kin pursuant to section 7100, Health and Safety Code, State of California, It is my legal right to select any funeral home that I desire to take charge of the remains of

_____, deceased.

Therefore, I am requesting that you release the body of the above-named deceased to **South Los Angeles Cremation Services, 1020 W. 94th St. Suite A, Los Angeles, CA 90044.**

Name _____ Relationship _____

Address: _____ City _____

State _____ Zip Code _____

Telephone _____

Signature _____

South Los Angeles Cremation Services 1020 W. 94th St Suite A Los Angeles, CA 90044 FD-2315

Phone: 323-309-1488 Fax: 323-293-1192