

Mortuary Aid Co.

1050 Lakes Drive #252
West Covina, CA 91790

AUTHORIZATION TO RELEASE

Name & address of facility/residence where decedent will be or was retrieved from:

Pursuant to your facility's policies, rules and/or regulations, I authorize the release of the remains of

_____ Decedent's Full Name _____ Date of Death

to the above named funeral home, including its agents, and is hereby authorized to sign on the undersigned's behalf. This includes the right to sign any and all authorizations that may be required as secure release of the above named decedent, including any personal property, information or facility documents. The undersigned further states that they have the legal right to make this authorization.

I certify that I am the next of kin pursuant to section 7100, Health and Safety Code, State of California, or I am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned decedent. Therefore, please release the body upon completion of your investigation of said decedent.

Signed this _____ day of _____, 20_____.

X: _____

Printed Name: _____ *Relationship: _____

Street Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Telephone 1: _____ Telephone 2: _____

*If not the next of kin (NOK) sign above and explain why the next of kin is not handling.

