

RELEASE OF REMAINS

**IF DECEDENT IS AT A COUNTY CORONER, PLEASE PRINT A MEDICAL EXAMINER'S RELEASE FORM
FROM OUR WEBSITE OR CONTACT US TO PROVIDE YOU WITH THE FORM.**

NAME OF DECEDENT: _____

LOCATION OF DECEDENT (NAME & ADDRESS OF FACILITY): _____

NAME OF LEGAL NEXT OF KIN AUTHORIZING RELEASE: _____

ADDRESS OF LEGAL NEXT OF KIN: _____

PHONE NUMBER: _____

I understand that the fee for transportation and Storage is \$595 and is only applicable should I choose to use another funeral home.

I claim the right to control the disposition of the decedent's bodily remains.

I am not aware of any person who may object to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instructions by the decedent, or any contract for funeral services by the decedent that gives control of the disposition of the decedents remains to any other person.

I declare under penalty of perjury laws of the State of California that the foregoing is true and correct.

SIGN

SIGNATURE

DATE