

Order of Release of Remains

Name of Facility removal made from _____

RE: Remains of _____

Date of Death _____ Time of Death _____ Today's Date _____

Physician's Name _____ Phone Number _____

I certify that pursuant to the State of California Health & Safety Code, Section 7100, it is my legal right to control the disposition of remains referenced above, and the conditions of interment, and arrangements for funeral goods and services to be provided. I further certify that I am acting in the capacity of Legal Next of Kin.

Signature

Print Name of Person Signing

Relationship

Address

Phone Number