

AUTHORIZATION FOR RELEASE OF REMAINS

Deceased: _____

I Certify that I am next of kin pursuant to section 7100, Health and Safety Code, State of California, or 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-named decedent.

Therefore, Release the above-named deceased and any personal effects to:

Coast Valley Cremations

930 S. Broadway STE 204

Santa Maria, CA 93454

(805) 801-1546

FD # 2374

Signed _____ Date _____

Print _____ Relationship _____

Address _____

Phone _____