

CREMATION SOCIETY OF CENTRAL CALIFORNIA
3037 TULARE STREET
Fresno, California 93721
(559) 237-3579
CA License FD 1374
FAX (559) 266-3510

AUTHORIZATION TO RELEASE HUMAN REMAINS

TO _____

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE REMAINS OF:

Name:

TO: Cremation Society of Central California, including it's agents.

The above named funeral home, including it's agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above named decedent. The undersigned further represents that they have the legal right to make this authorization.

Signed	Relationship	Date

Address	City	State	Telephone

IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED ORALLY (BY TELEPHONE) COMPLETE THE FOLLOWING:

Name _____ Relationship _____

City _____ State _____ Zip _____ Phone () _____

Date & Time authorization granted _____, 20__ at _____ AM/PM

Signature of person accepting this authorization _____