



Care Center Cremation & Burial

FD 2097

7403 Princess View Drive Suite E San Diego, CA 92120

PH: 619.677.2599 FX: 619.839.3185

RELEASE AUTHORIZATION

From: _____

The Undersigned Hereby Authorizes & Requests the Release of the Human Remains of:

To: Care Center Cremation & Burial, and/or designated agents

7403 Princess View Drive Suite E San Diego, CA 92120

PH: 619.677.2599 FX: 619.839.3185

The above named mortuary, including its agents, is hereby authorized to sign on behalf of the legal Next-of-Kin and any other authorizations that may be required to secure release of the above named decedent. The undersigned further represent that they are the legal Next-of-Kin according to CAL. HSC. CODE § 7100 to make this authorization.

➔ *Signature:* _____ *Date:* _____

Print: _____ *Relationship:* _____

Phone: _____