

*Coast Family Cremation Service
2 Higuera
San Luis Obispo, California 93401
FD 1512
805.546.0984 p
805.543.6896 f*

Release Authorization

TO _____

The undersigned hereby authorizes and requests release of the remains of:

Decedent

TO: _____

Including its Agents:

The above named funeral home, including its 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 under Health and Safety Code 7100.

Signature Relationship Date

Signature Relationship Date