

So. CALIFORNIA FUNERAL DIRECTORS INC.
2219 E. Thousand Oaks Blvd. Suite 208
Thousand Oaks Ca. 91362
Phone 805-262-2968
Fax 818-647-0301
FD 2094

AUTHORIZATION FOR RELEASE OF DECEASED

To: _____

Re: _____

Date of Death: _____ 2019

Coroner's Case # _____

Please release the remains of _____ to **So. California Funeral Directors Inc.** The undersigned represents that he/she has the legal right to control disposition of the remains of the decedent.

Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____

Signature: _____

Executed this _____ day of _____ 2019

TO BE COMPLETED BY MORTUARY IF AUTHORIZATION TO RELEASE WAS OBTAINED BY PHONE.

The above statement of authorization was read to _____

Relationship _____ (who did) __ authorize release.

Date and Time authorization granted: _____ AM/PM

Executed this _____ day of _____, 2019

By _____
So. California Funeral Directors Inc.