

Home of Peace Mortuary

FD1698

4334 Whittier Blvd.

Los Angeles, CA 90023

PH 323-261-6135

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AUTHORITY FOR RELEASE OF REMAINS

TO: _____ DATE: _____

I CERTIFY THAT I AM THE SURVIVING _____ OF
(RELATIONSHIP TO DECEASED)

(NAME OF DECEASED)

AND HAVE THE RIGHT AND AUTHORITY TO AUTHORIZE HOME OF PEACE MORTUARY, FD#1698, TO REMOVE SAID REMAINS FOR THE PURPOSE OF MAKING NECESSARY ARRANGEMENTS FOR FUNERAL SERVICES. I FURTHER CERTIFY THAT THIS AUTHORIZATION IS A VOLUNTARY ACTION ON MY PART AND NO SOLICITATION OR EFFORT WAS MADE BY ANY REPRESENTATIVE OF HOME OF PEACE MORTUARY TO INFLUENCE MY CHOICE OF A MORTUARY.

SIGNATURE _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____