

AUTHORIZATION FOR RELEASE OF REMAINS

TO: _____

1. In the event of death, it is my request that the following Mortuary be notified immediately.

Lada's Cucamonga Mortuary, Rancho Cucamonga (909) 466-7712

Lada's Ontario Mortuary, Ontario (909) 984-7070

Lada's Chapel of Peace, Pomona (909) 469-2630

South Bay Mortuary, Carson (310) 635-3825

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

TO: The above named Mortuary, including its agents.

2. This Mortuary, including its agents is 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(s). The undersigned further represents that they have the legal right to make this authorization pursuant to Section 7100, of the Health and Safety Code, State of California, or a relative acting as agent of the legal Next of Kin.

Signed: _____ **Date:** _____

Relationship: _____ **Phone:** _____

Address: _____

Signed: _____ **Date:** _____

Relationship: _____ **Phone:** _____

Address: _____