



America's Cremation

11740 1/2 166TH St.

Artesia, CA 90701

PH (310) 637-1966 FAX (562) 286-8305

FD2181

Authorization for Release

To Hospital/Institution: _____

Address: _____

Phone Number: _____

Please Release the Remains and Any Personal Effects Of:

_____, (Deceased), To **America's Cremation**. 7651
Commonwealth Ave. Buena Park, CA 90621 1835 S Lewis St. Anaheim, CA
92805 (Choose One) The person signing below states that he/she is the
legal next of kin and has the legal right for final disposition of said deceased.

America's Cremation is not responsible for any misrepresentation made by the person(s) acting as next of kin, Furthermore the person(s) signing this authorization declare under the penalty of perjury that they have read this and agree to hold harmless **America's Cremation** and all their agents of any legal action if any while **America's Cremation** is conducting their legitimate duties.

Signature: _____ Date: _____

Print Name: _____

Relationship: _____

Address: _____

City: _____ Phone: _____