

**AUTHORIZATION TO RELEASE AND TRANSPORT**

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, this is your authorization to release the remains and personal property of \_\_\_\_\_ to the custody of \_\_\_\_\_, their agents or affiliates.

Printed Name of Next of Kin \_\_\_\_\_ Date \_\_\_\_\_

Signature of Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_