



AUTHORIZATION FOR RELEASE

Name of decedent: _____

Location: _____

I certify that, pursuant to Section 7100, Health and Safety Code, State of California, it is my legal right to select any funeral director. Therefore please release the remains of the above decedent to the custody of **Destiny Funeral Home & Crematory**, 5443 Long Beach Blvd., Long Beach, CA. 90805
(562) 912-7977

Next of kin: _____ **Relation:** _____

Ph#: _____ **Date:** _____

Signature: _____