ARGOS FUNERAL SERVICES
CREMATION AND BURIALS
FD 2132
22750 Hawthorne Blvd., Suite 230
Torrance, CA 90505
Main Line: (424) 383-1990, FAX (323) 622-8660
Email: argosfunerals@gmail.com

Authorization to Release

Pursuant to your rules and regulations, I authorize the release of the Remains of:

_____ _____ _____
(First) (Middle) (Last)

to Argos Funeral Services for final disposition. I am the legal next of kin for the above decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved to affecting this release, including Argos Funeral Services, its agents, employees, and representatives of any and all liability.

Place of Removal

Name _____ Type _____
Street Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____

Person with right to control disposition

Name _____ Relationship _____
Street Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Personal Belongings

_____
_____
_____
_____

Does the Decedent has a Pacemaker or implanted Battery Operated Device? ☐ Yes ☐ No

SIGNATURE ⊗ _____ Date _____

Print Name _____ Relationship _____