

Desert Lawn Funeral Home

RELEASE FORM

To: _____
REQUEST FOR RELEASE OF THE HUMAN REMAINS OF

Deceased Name: _____

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 above named person to the custody of:

Desert Lawn Funeral Home • 11251 Desert Lawn Drive Calimesa, CA. 92320

The undersigned hereby represents that he/she has the right to disposition of the remains of the decedent:

Authorized signature: _____ Date _____

Informant's name: _____ Relationship _____

Informant's Address: _____

City _____ State _____ Zip _____

Phone (____) _____