



Authority To Release Remains

(Use this only if death occurs in a HOSPITAL/MEDICAL institution)

Releasing Institution's Name:

Address: _____

Phone: _____ Fax: _____

Please release the remains and personal effects of

to Saddleback Chapel (FD #1099), 220 East Main Street Tustin, CA 92780.

Identification/Special Instructions/Coroner Fees: _____

Approximate height of decedent: _____ Approximate weight of decedent: _____

Name of person(s) transferring the deceased: _____

**Next of Kin or Responsible Party's Signature: _____

Print Next Of Kin or Responsible Party's Full Name: _____

Relationship to Decedent: _____

Date: _____

Phone: _____

Authority to Release Executed By (Print Name): _____

Signature: _____

Date: _____