

Citizens Funeral Services, Inc.
7022 South Western Avenue
Los Angeles, CA 90047
(323) 565-2040 – fax – (323) 565-2059
FD-2180

ORDER OF RELEASE

To: Citizens Funeral Services, Inc.

NAME OF HOSPITAL OR FACILITY

I certify that pursuant to section 7100 Health and Safety Code, State of California, it is my legal right to select any funeral director of my choice. The undersigned hereby authorizes and request release of the remains of _____.

Name of Decedent

The above referenced funeral home and its agents are hereby authorized to sign on the undersigned's behalf including all other authorization that may be required to secure the release of the above named decedent. The undersigned further represent that they have the legal right to make this authorization.

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

PHONE NUMBER

If the legal next of kin is not handling the funeral arrangements, please enter the next of kin and explain why they won't be handling the matter. Attach supporting authorization documents (e.g. wills, power of attorney, faxes, etc.).

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

PHONE NUMBER