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" " Honoring the Lives of Those We Love "

Authorization For The Release Of The Decedent & Personal Effects

DATE: _____

I hereby authorize: _____
(** NAME OF LOCATION, FACILITY OR HOSPITAL WHERE THE DEATH OCCURRED**)

to release the remains and personal effects of:

(NAME OF DECEASED)

to Affordable Cremations of the High Desert.

✓ **Signed:** _____

Printed Name: _____ **Relationship:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

* I/we certify that, pursuant to Section 7100, Health and Safety Code, State of California, have the legal right to control disposition of human remains. "WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency (Penal Code Section 115 and 470)."

If the deceased is at the County Coroners Office, please use their authorization for release.

**** LOCATION ADDRESS:**

