

American Cremation Service

AUTHORIZATION TO RELEASE AND TRANSPORT

I certify that pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, this is your authorization to release the remains and personal property of _____ to the custody of American Cremation Service, their agents or affiliates.

Printed name of next of kin _____

Signature of next of kin  _____

Relationship _____ Date _____

Address _____

Phone number _____