



**SILVER LINING  
CREMATIONS**

**SILVER LINING CREMATIONS**  
421 S. Andreasen Drive  
Escondido, CA 92029  
760-607-9393  
support@silverliningcremations.com  
www.silverliningcremations.com

## ORDER OF RELEASE

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**Name of hospital or Facility**

**To: SILVER LINING CREMATIONS**

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

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**Name of Decedent**

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

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**Signature**

**Relationship**

**Date**

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**Printed Name**

**Phone**

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**Address City State Zip**

If the legal next of kin is not handling 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.)

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**Signature**

**Relationship**

**Date**

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**Printed Name**

**Phone**

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**Address City State Zip**