

Groman Mortuary, Inc. FD 696

830 W WASHINGTON BLVD

LOS ANGELES, CA 90015

PHONE NO (213) 748 -0893

FAX NO - (213) 748 - 4267

AUTHORIZATION TO RELEASE HUMAN REMAINS
Medical Facility or Agent Holding Human Remains

Legal Document: This form is to be signed by next of kin, and it is used for release of human remains to GMI

DATE: _____

TO FACILITY/AGENT:

NAME OF FACILITY/AGENT

ADDRESS AND / OR PHONE NO.

THIS IS TO AUTHORIZED BY THE UNDERSIGNED NEXT OF KIN TO
RELEASE TO GROMAN MORTUARY, INC. THE HUMAN REMAINS

OF THE LATE: _____
(NAME OF DECEASED)

FOR PREPARATION OF SERVICE AND DISPOSITION.

SIGNATURE OF NEXT OF KIN: _____

NAME OF NEXT OF KIN: _____

RELATIONSHIP TO DECEDENT _____

ADDRESS: _____

_____ CA _____

TELEPHONE NO: (____) _____