



# Home of Peace Memorial Park and Mortuary

FD 1698

4334 WHITTIER BLVD., LOS ANGELES, CA 90023

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## AUTHORITY FOR RELEASE OF REMAINS

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

I CERTIFY THAT I AM THE SURVIVING \_\_\_\_\_ OF  
(RELATION TO DECEASED)

\_\_\_\_\_  
(NAME OF DECEASED)

AND HAVE THE RIGHT AND AUTHORITY TO AUTHORIZE HOME OF PEACE MEMORIAL PARK AND MORTUARY FD#1698, TO REMOVE SAID REMAINS FOR THE PURPOSE OF MAKING NECESSARY ARRANGEMENTS FOR FUNERAL SERVICES. I FURTHER CERTIFY THAT THIS AUTHORIZATION IS A VOLUNTARY ACTION ON MY PART AND NO SOLICITATION OR EFFORT WAS MADE BY ANY REPRESENTATIVE OF HOME OF PEACE MEMORIAL PARK AND MORTUARY TO INFLUENCE MY CHOICE OF A MORTUARY.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_