



Home of Peace Memorial Park and Mortuary

FD 1698

4334 WHITTIER BLVD., LOS ANGELES, CA 90023

PHONE: 323-261-6135 FAX :323-261-2725

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: _____