VALLEY MEMORIAL

RELEASE OF HUMAN REMAINS AUTHORIZATION

To: Valley Memorial, Inc.
Name of the facility holding the human remains

4520 Cutter St.
Street address

Los Angeles	CA	90039
City	State	Zip Code

(818) 939-0909	(818) 279-7343
Phone number	Fax number

(1) I certify that I am the next of kin pursuant to Section 7100 of the Health and Safety Code, State of California, or a relative acting on behalf of the Next of Kin, and it is my legal right to designate the above-named Mortuary to take charge of the body of:

Name of Decedent	Date of Birth	Date of Death

AKA	Service Reference Number

Place of death / Pick-up location

Therefore, please release the human remains to Valley Memorial, Inc., including its Agents.

Print name of survivor (next of kin) or responsible party	Signature	Relationship

Survivor (next of kin) or responsible party's street address

City	State	Zip Code

Phone number	Date

FD#2471
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Los Angeles, CA 90039
Office: (818) 939-0909
Fax: (818) 279-7343