

Fresno Funeral Chapel

1136 A Street
Fresno, California 93706
559-233-1174
Fax 559-233-1181

RELEASE AUTHORIZATION

TO: _____

The undersigned hereby authorizes and requests release of the remains of:

To: Fresno Funeral Chapel, *including it's agents.*

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

(Signature) (Relationship) (Date)

(Signature) (Relationship) (Date)

The above statement of authorization was read to _____

Relationship _____, who did authorize release of the above named decedent.

City _____, State _____, Phone(____) _____, Date & Time ___ / ___ / _____, _____

(s) _____
Fresno Funeral Chapel