

**600 East Foothill Boulevard** Monrovia, California 91016 1-626-358-3244

## **AUTHORIZATION FOR RELEASE OF REMAINS**

| Location:  |            |
|--|------------|
| To:  | Date:      |
| I certify that I have the right to control the disposition of the remains of:  |            |
| I authorize Douglass & Zook Funeral and Cremation Services to call for the remains and conduct the funeral service. This is a voluntary action on my part, and there has been no solicitation or effort made by any representative of Douglass & Zook Funeral and Cremation Services to influence me to use said mortuary. |            |
| Name:  | Signature: |
| Relationship to Deceased:  |            |
| Street:  | City       |
| State: Zip Code:   | _ Phone:   |

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