

Valley Cremation Service FD2319
41593 Winchester Rd. Suite 200
Temecula, CA 92590
(951) 240-3010
(951) 346-3776
valleycremationsrvc@gmail.com

RELEASE AUTHORIZATION

Pursuant to your rules and regulations, I authorize the release of the remains of:

To **Valley Cremation Service**. I claim the right to control the disposition of the decedent's bodily remains. I am not aware of any other person who may object to my arranging the disposition of the body of the decedent (H&S 7100).

I am not aware of any written or oral instructions by the decedent, or any contract for funeral services by the decedent that gives control of the disposition of the decedent's remains to any other person. I declare under penalty of perjury the laws of the State of California that the foregoing is true and correct.

I agree to hold harmless all parties involved in affecting this release, including Valley Cremation Service, LastOne 3 LLC, its agents, employees and representatives, the care facility, its agents, employees and representatives, and all other parties, of any liability.

I understand that if I select another mortuary after Valley Cremation Service has provided professional transportation into their care, and /or administrative support, relatable professional care, I agree to pay Valley Cremation Service for those relatable fees prior to another mortuary becomes involved at any phase.

Location of Decedent (Name and Address of Facility):

Name of Legal Next of Kin Authorizing Release: _____

Relationship: Address of Legal Next of Kin: _____

Phone Number: _____ Email: _____

Signature _____ Date _____

Signature _____ Date _____

Witness Signature _____ Date _____