

SAN JOSE FUNERAL SERVICE
1050 S. Bascom Ave
San Jose, California 95128
CA License FD 1543
PHONE (408) 288-8383 FAX (408) 288-8111

AUTHORIZATION TO RELEASE HUMAN REMAINS

TO _____
THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE REMAINS OF:

Name: _____

TO: San Jose Funeral Service, 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 represents that they have the legal right to make this authorization.

Signed Relationship Date

Address City State Telephone

IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED ORALLY (BY TELEPHONE) COMPLETE THE FOLLOWING:

Name _____ Relationship _____
City _____ State _____ Zip _____ Phone () _____
Date & Time authorization granted _____, 20____ at _____ AM/PM
Signature of person accepting this authorization _____