

METROPOLITAN DIRECT CREMATION SERVICE FD# 2047
3002 Midvale Avenue, Suite 207
Los Angeles, California 90034
Phone: 310-475-7300 Fax: 310-475-4455
www.metropolitancremation.com

AUTHORITY TO RELEASE REMAINS

Date: _____

To: _____
(Medical Institution/Mortuary/Other)

RE: _____
(Decedent)

I, the undersigned, hereby authorize and direct you to release the remains and personal effects of the above mentioned decedent to Metropolitan Direct Cremation Service and its agent(s).

The undersigned hereby represents that he/she has the legal right to control the disposition of the remains of the decedent.

Signature

Date

Name (Please Print)

Relationship

Street

City State ZIP

Telephone