



ORDER OF RELEASE

Name of hospital or Facility _____

To: **HOUSE OF WINSTON FUNERAL SERVICES, INC.**

I certify that pursuant to Section 7100 Health and Safety Code, State of California, it is my legal right to select any funeral director of my choice. The undersigned hereby authorizes and request release of the remains of _____
Name of Decedent

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

Signature

Date

Printed Name

Relationship

Address City State Zip

(_____) _____ - _____
Phone

If the legal next of kin is not handling funeral arrangements, please enter the next of kin and explain why they won't be handling the matter. Attach supporting authorization documents (e.g. wills, power of attorney, faxes, etc.)

Name

Relationship

Address City State Zip

(_____) _____ - _____
Phone