

SAN JOSE FUNERAL SERVICE

1050 S. Bascom Ave
San Jose, California 95128
(408) 288-8383
CA License FD 1543
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 its 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 _____