



West Coast Cremation & Burial Services

AUTHORIZATION FOR RELEASE OF HUMAN REMAINS

TO: _____

To Whom It May Concern:

You are hereby authorized and directed to release the human remains of:

(name of decedent)

To West Coast Cremation & Burial Services.

Signature: _____ Relationship: _____

Address: _____

By signing this form, I authorize I am the legal next of kin to make these decisions, and attest to the above information to be true.