



Cremation Society of Santa Barbara

FD #2219

1727 State Street, Suite 20, Santa Barbara, CA 93101

www.CremationSB.com | Phone: 805-258-7700 | Fax: 805-643-4129

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 Cremation Society of Santa Barbara and it's 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