



FD # 1911
1525-A North Waterman Avenue
San Bernardino, California 92404-5110
Telephone (800) 466-6110
Fax or email all documents to:
Fax (909)453-4473
info@californiacremationcenters.com

Release Authorization-Family Care Form

Next-of-Kin-Contact Person: _____ Relationship: _____

Email: _____ Telephone: _____

Address: _____

☐ Death has occurred ☐ Death is imminent ☐ Prearrangements

TO: Hospital, Nursing Home, and Coroner or Present Location of Deceased

LOCATION OF DECEDENT _____

I hereby authorize and request the remains of:

NAME OF DECEDENT _____

To: **California Cremation Centers**

The above named funeral home including its agents, is hereby authorized to sign on the undersigned's behalf any and all other authorizations that may be required as secure release of the above named decedent. The undersigned further states that they have the legal right to make the authorization.

Completing our Care form will allow us permission to take your loved one into our care.

Please contact us at (800) 466-6110 when completed and our advisors will answer all of your questions 24 hours a day, 7 days a week.

SIGNATURE _____ DATE _____

Our Funeral Home Representative will contact you when your loved one is in our care. If death occurs after 5pm, our representatives will contact you the following day at 9am for appointment scheduling. Thank you.

NOTE: If the deceased is at a coroner's facility, a specific coroner's release authorization is needed for us to make the removal. Please be sure you print out the specific form from our site.