



Arlington Mortuary
arlingtonmortuary.com

The Hansen family FD# 1033

RELEASE FORM

To: _____
REQUEST FOR RELEASE OF THE HUMAN REMAINS OF

Deceased Name: _____

I certify that, pursuant to section 7100, health and safety code, state of California,
it is my legal right to select any funeral director, therefore, please release
the above named person to the custody of:

Arlington Mortuary • 9645 Magnolia Ave., Riverside California 92503

The undersigned hereby represents that he/she has the right to disposition of the remains of the decedent:

Authorized signature: _____ Date _____

Informant's name: _____ Relationship _____

Informant's Address: _____

City _____ State _____ Zip _____

Phone (____) _____