



757 East Main Street, Suite B, Ventura, CA 93001

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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 Ventura County 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