



**AUTHORIZATION FOR RELEASE OF REMAINS**

Name of Deceased \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Institution \_\_\_\_\_

(Name of Institution or Person Holding Remains)

**Relationship of Representative:**

The Representative warrants and represents to DEER CREEK FUNERAL SERVICE that the relationship between the representative and the decedent is as follows:

Spouse \_\_\_\_\_

Next of Kin \_\_\_\_\_ (Closest Living Relative)

Power of Attorney \_\_\_\_\_

Other \_\_\_\_\_

**Authority of Representative:**

The Representative warrants and represents to DEER CREEK FUNERAL SERVICE that the Representative is the person, or the appointed agent of the person, who by law has paramount right to arrange and direct the disposition of the remains of the decedent and that no other person(s) has a superior right over the right of the representative.

**Release Authorization:**

The Representative authorizes the Institution to release the remains of the decedent to DEER CREEK FUNERAL SERVICE and/or its agents.

**Indemnification:**

The Representative agrees to indemnify and hold harmless DEER CREEK FUNERAL SERVICE from any claims or causes of action arising or related in any respect to this authorization for removal or the Funeral home's reliance thereon.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative

**1700 Norbridge Ave., Suite D • Castro Valley, CA 94546 • 510 317-7890**

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State License: FD-1505, FD-1486, FD-1590

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