

**RELEASE AUTHORIZATION**

**TO:** \_\_\_\_\_

**THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE  
REMAINS OF: Mr./Ms.** \_\_\_\_\_

**TO: Cali Home Funeral Services, 7401 Princess View Dr. Suite A. San Diego, CA  
92120. FD#2057. Telephone: (858)722-2185. (619) 708-9716 Fax (888) 245-5399  
INCLUDING ITS AGENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**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 to secure release of the above named decedent. The undersigned further represent that they have the legal right to make this authorization.**

\_\_\_\_\_  
**(signature) (relationship to decedent) (date)**

**Full name:** \_\_\_\_\_

\_\_\_\_\_  
**(signature) (relationship to decedent) (date)**

**Full name:** \_\_\_\_\_