

FOREST LAWN®

FUNERALS • CREMATIONS • CEMETERIES

AUTHORIZATION FOR RELEASE OF REMAINS

Location: _____

To: _____ Date: _____

I certify that I have the right to control the disposition of the remains of:

I authorize Forest Lawn Memorial-Parks & Mortuaries to call for the remains and conduct the funeral service. This is a voluntary action on my part, and there has been no solicitation or effort made by any representative of Forest Lawn Memorial-Parks & Mortuaries to influence me to use said mortuary.

Name: _____ Signature: _____

Relationship to Deceased: _____

Street: _____ City _____

State: _____ Zip Code: _____ Phone: _____