

# Shannon Family Mortuary

1005 E Chapman Ave Orange CA 92866  
(714) 771-1000 Office (714) 771-1038 Fax  
FD 1772

## SELECTION OF FUNERAL DIRECTOR AND AUTHORIZATION FOR RELEASE OF REMAINS

I/We hereby certify that pursuant to section 7100, Health and Safety Code, State of California:

\_\_\_\_\_ I am the agent appointed by Durable Power of Attorney for Health Care

\_\_\_\_\_ I am the sole surviving spouse

\_\_\_\_\_ I am/We are the sole surviving parent(s)

\_\_\_\_\_ I am acting as agent for the next of kin \_\_\_\_\_ as \_\_\_\_\_

\_\_\_\_\_ I am/We are the sole surviving child or children or

\_\_\_\_\_ We constitute a majority of the surviving children or

\_\_\_\_\_ I/We have used reasonable efforts to notify all other surviving children of these instructions and are not aware of any opposition to these instructions on the part of one-half or more or all surviving children.

It is my legal right to nominate a funeral director to take charge in the event of the death of:

Decedent: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Therefore, please release the above named decedent and any personal effects to the Shannon Family Mortuary, Orange, CA.

(X) \_\_\_\_\_ Date: \_\_\_\_\_  
\*(Signature)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

\_\_\_\_\_ (Address, City, State, Zip)

\_\_\_\_\_ (Phone)

\_\_\_\_\_ Witness Signature \_\_\_\_\_ Date Signed