

RELEASE FORM

Date: _____

To: _____

Please release to the Lafferty & Smith Cremation and Funeral Services the remains and personal effects of _____ whose date of birth is: _____

I am the legal next of kin of the above named decedent and have the right to control disposition.

Signature

Print Name

Relationship

Address

Phone Number

**LAFFERTY & SMITH
CREMATION AND FUNERAL SERVICES
FD-356
725 College Avenue, Suite 1, Santa Rosa, CA 95404
(707) 539-2921 office
(707) 539-2923 fax**