



AUTHORITY FOR RELEASE OF REMAINS

Date: _____

To: _____

Please release to the Lafferty & Smith Colonial Chapel 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 COLONIAL CHAPEL

FD-356

(707) 539-2921 office

(707) 539-2923 fax