



ARGOS FUNERAL SERVICES

CREMATIONS & BURIALS

FD 2132
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Phone: (424) 383-1990 and Fax: (424) 424-275-9820
E-Mail: argosfunerals@gmail.com

Authorization to Release

Pursuant to your rules and regulations, I authorize the release of the Remains of:

_____ (First) _____ (Middle) _____ (Last)

to Argos Funeral Services for final disposition. I am the legal next of kin for the above decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved to affecting this release, including Argos Funeral Services, its agents, employees, and representatives of any and all liability.

Place of Removal

Name _____ Type _____
Street Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____

Person with right to control disposition

Name _____ Relationship _____
Street Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Personal Belongings

Does the Decedent has a Pacemaker or implanted Battery Operated Device? Yes No

SIGNATURE  _____ Date _____

Print Name _____ Relationship _____