

Shannon Family Mortuary

137 E. Maple Avenue, 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