



**PREFERRED Cremation & Burial**

FD-1746

Mark Jenkins, FDR-1687  
6527 University Avenue  
San Diego, CA 92115  
(619) 584-7000  
FAX: (619) 584-7030

**Order of Release of Remains**

Name of Facility removal made from \_\_\_\_\_

RE: Remains of \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**I certify that pursuant to the State of California Health & Safety Code, Section 7100, it is my legal right to control the disposition of remains referenced above, and the conditions of interment, and arrangements for funeral goods and services to be provided. I further certify that I am acting in the capacity of Legal Next of Kin.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number