

Calif. F.D. #0232 Office: (949) 492-1717 * Fax: (949) 492-6197 640 South El Camino Real, San Clemente, CA 92672 www.lesneskimortuary.com



Order for Release

Re:				
	DECEDENT			
To:				
NAME OF HOSPITAL OR FACILITY				
	ADDRESS OF HOSPITAL OR FACILITY			
I certi	fy that I am next of kin pursuant to Section	on 7100 Health & S	Safety Code, State of	California,
or am	n a relative acting as agent of the next o	of kin and it is my l	egal right to nominate	e a funeral
direct	or to take charge of the above-mention	ed deceased. The	refore, please release	e the body
upon	completion of your investigation of the sa	aid deceased to:		
	LESNESKI	MORTUARY	(
		/	/	
SIGNATURE		DATE		
PRINTED NAME		RELATIONSHIP		
ADDR	ESS			
CITY		STATE	ZIP	
PHON	E NUMBER	_		
WITN	ESSED BY	_		