

***Santa Cruz Watsonville Cremation & Burial Service***

**550 Soquel San Jose Road**

**Soquel CA 95073**

***(831) 475-6880 fax (831) 464-8748***

**DATE:**

**To:** \_\_\_\_\_ *(name of agency or care facility)*

**Address:**

Pursuant to Health and Safety Code Section 7100, State of California, you are hereby authorized to release to Santa Cruz Watsonville Cremation & Burial Service (Funeral Director) the remains of \_\_\_\_\_ *(Name of decedent)* for burial or cremation.

Signed \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:**

**Address:**

**Phone:**

\_\_\_\_\_ *Initial here if personal property or effects are to be retrieved by funeral director upon receiving remains from the above addressed facility.*

*Please list property that is to be secured by SCWCBS upon the removal of your loved one*

\_\_\_\_\_

\_\_\_\_\_