

*Jones Mortuary Inc.*

660 Donohoe Street  
East Palo Alto, CA 94303  
650-323-2481  
650-323-1581 (Fax)

**AUTHORIZATION FOR RELEASE**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please release the remains of:**

\_\_\_\_\_ to Jones Mortuary  
Inc.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT I/we have the right to control the disposition of \_\_\_\_\_ in accordance with Health and Safety Code Section 7100.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_