



*2494 Lake Tahoe Blvd. #A6  
South Lake Tahoe, California 96150  
Phone (530) 578-0171 Fax (530) 587-0678*

### ORDER FOR RELEASE

To: \_\_\_\_\_

I certify I am the next-of-kin pursuant to Section 7100, Health and Safety Code, State of California, or am a relative acting as agent for the next-of-kin and it is my legal right to nominate a funeral director to take charge of the remains and personal effects of:

\_\_\_\_\_, deceased.

Therefore, please release the remains and Personal effects of the above named decedent to the Lake Tahoe Burial & Cremation Society.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

State: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_