



HILLSIDE★

MEMORIAL PARK AND MORTUARY

A COMMUNITY SERVICE OF TEMPLE ISRAEL OF HOLLYWOOD

AUTHORITY TO RELEASE REMAINS

Date: _____

To: _____
(Medical Institution / Mortuary)

Re: _____
(Decedent)

I, the undersigned, hereby authorize and direct you to release the remains and personal effects of the above mentioned deceased to Hillside Memorial Park and Mortuary or its agents(s).

The undersigned hereby represents that he / she has the legal right to control the disposition of the remains of the decedent.

(Signature)

(Relationship)

(Date)

(Address)

(City, State, Zip)

(Telephone)