

**White Diamond Funeral Services fd2096**  
**9107 Wilshire Blvd #450**  
**Beverly Hills, CA 90210**

**AUTHORIZATION FOR RELEASE OF REMAINS OF THE DECEASED**

*THE FOLLOWING FORM SHALL BE USED TO SECURE THE CONSENT NECESSARY UNDER THE CALIFORNIA HEALTH AND SAFETY CODE SECTION 7100.*

**1. PARTIES AND DEFINITIONS:**

"Representative" : \_\_\_\_\_  
(Name of Representative) (use space below for additional names)

"Decedent" : \_\_\_\_\_  
(Name of Decedent)

"Institution: \_\_\_\_\_  
(Name of Institution)

**2. RELATIONSHIP OF REPRESENTATIVE:** The Representative warrants and represents to White Diamond Funeral Services that the relationship between the Representative and the Decedent is as follows: (Check the appropriate space below)

\_\_\_\_\_ Spouse  
\_\_\_\_\_ Next-of-kin (closest Living Relative) Relationship: \_\_\_\_\_

\_\_\_\_\_ Personal Representative of the Next-of-Kin with written authorization of Next-of-kin to act on his or her behalf.

\_\_\_\_\_ Other: \_\_\_\_\_

**3. AUTHORITY OF REPRESENTATIVE:** The Representative warrants and represents to White Diamond Funeral Services that the person who by law has the paramount right to arrange and direct the disposition of the remains of the Decedent and that no other person(s) has superior right over the right of the Representative.

**4. AUTHORIZATION:** The Representative authorizes the institution to release the remains of the Decedent to White Diamond Funeral Services and/or its agents.

**5. INDEMNIFICATION:** The Representative agrees to indemnify and hold harmless White Diamond Funeral Services from any claims or causes of action arising or related in any respect to this authorization for removal or White Diamond Funeral Services reliance thereon.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Additional Representatives:

Name	Relationship to Decedent	Signature
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