



701 East Bastanchury Road
Fullerton, CA 92835-2770

Order for Release Selection of Funeral Director

I/We hereby certify that pursuant to section 7100, Health and Safety Code, State of California:

- _____ Self (pre-arrangement)
- _____ I/We are the sole surviving parent(s)
- _____ I am the sole surviving spouse
- _____ I am the agent under the Durable Power of Attorney for Health Care
- _____ I am acting as agent for the next of kin _____ as _____
- _____ I/We are the sole surviving child(ren), OR,
- _____ I/We have used reasonable efforts to notify all other surviving children of these instructions and are not aware of any opposition to these instructions on the part of one-half or more of all surviving children.

It is my legal right to nominate a funeral director to take charge in the event of the death of:

(Deceased)

If at need, place of death:

Therefore, at that time, please release the above named deceased and any personal effects to Loma Vista Mortuary located in Fullerton, CA

Print Name: _____ Relationship _____

Signed: _____ Date: ____ / ____ / ____

Address: _____ City: _____

State: _____ Telephone: _____

Witnessed: _____, Loma Vista Mortuary.

Date: ____ / ____ / ____