

*Wheeler-Smith  
Mortuary and Crematory*

2890 S. Higuera St.  
San Luis Obispo, CA 93401  
805.543.6871  
805.543.6896 Fax  
FD 374

**RELEASE AUTHORIZATION**

TO:

The undersigned hereby authorizes and requests release of the remains of:

\_\_\_\_\_  
Decedent

TO: **Wheeler-Smith Mortuary**

Including its Agents:

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, who has the legal right to control disposition, any and all other authorizations that may be required to secure release of the above-named decedent. The undersigned further represents that they have the legal right to make this authorization under Health and Safety Code 7100.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date