

Grissom's
Chapel & Mortuary Inc.
267 E. Lewelling Blvd., San Lorenzo, CA 94580
(510) 278-2800
FD 1205

RELEASE

TO: _____

I, hereby certify, it is my legal right to select the Funeral Director whom I desire to take charge of the remains and personal effects of:

_____, deceased.

Therefore, please release said remains and effects of the above named deceased to **Grissom's Chapel & Mortuary**. The remains will be transferred to the storage and preparation facility at **267 E. Lewelling Blvd., San Lorenzo, CA 94580**.

Authorized Signature

Relationship to deceased

Street Address

City State Zip

Received by _____
Grissom's Chapel & Mortuary