



Chapel & Mortuary
267 E. Lewelling Blvd.
San Lorenzo, CA 94580
510-278-2800
FD-1205

Cremation & Burial Centers
9130-B Alcosta Blvd.
San Ramon, CA 94583
925-560-0800
FD-1610

RELEASE OF REMAINS and PERSONAL EFFECTS

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 Inc. / Cremation & Burial Centers**. The remains will be transferred to the storage and preparation facility at **267 E. Lewelling Blvd., San Lorenzo, CA 94580**.

Authorized Signature: _____

Print Name: _____

Relationship: _____

Address: _____

City: _____, State: _____, Zip Code: _____

Contact Phone #: _____