

OAK PARK HILLS CHAPEL
3111 NORTH MAIN ST.
WALNUT CREEK, CA 94597
PHONE: (925) 934-6500

ORDER TO RELEASE

To _____ of _____
Or other institution, hospital or person.

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, will you please release said remains and personal effects of the above named deceased to **OAK PARK HILLS CHAPEL**

Signed _____ Relationship _____

Address _____ City _____

Phone _____