

AUTHORIZATION FOR RELEASE

TO: _____
(Hospital or Institution)

Date: _____.

I hereby authorize and direct that **LESNESKI MORTUARY**, San Clemente
California, shall take charge of the human remains, personal effects and Funeral
Arrangements. Of _____.

Signed (X) _____.

Print: _____.

Relationship _____.

Address _____.

City _____ State _____.

Home Phone Number _____

Cell Phone Number _____