

# Mark B. Shaw FH/Aaron Cremation

## RELEASE FORM

To: \_\_\_\_\_  
REQUEST FOR RELEASE OF THE HUMAN REMAINS OF

Deceased Name: \_\_\_\_\_

I certify that, pursuant to section 7100, health and safety code, state of California,  
it is my legal right to select any funeral director, therefore, please release  
the above named person to the custody of:

**Mark B. Shaw FH/Aaron Cremation • 1525 North Waterman Ave. San Bernardino, CA. 92404**

The undersigned hereby represents that he/she has the right to disposition of the remains of the decedent:

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

Informant's name: \_\_\_\_\_ Relationship \_\_\_\_\_

Informant's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_