

*Miller-Dutra Coastside Chapel*

*645 Kelly Ave. Half Moon Bay, CA 94019  
Telephone 650-726-4474 Fax 650-726-4463*

**AUTHORIZATION TO RELEASE REMAINS**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

Please release the remains and any personal effects of the late

\_\_\_\_\_  
(Name of Decedent)

to Miller-Dutra Coastside Chapel or their agent for preparation as instructed by the undersigned.

**Signature:** \_\_\_\_\_

**Relationship to Decedent** \_\_\_\_\_

**Address, City, ST, Zip:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_