



Cremation Society of Placer County, FD2199
5701 Lonetree Blvd., Suite 209
Rocklin, CA 95765
Tel 916.550.4338
Fax 916.644.6136
www.csopc.com

AUTHORIZATION FOR RELEASE OF REMAINS

Date: _____

To: _____

Name of Facility

- Please Release the Remains and Personal Effects of:
- Please Release the Personal Effects/Valuables of:

Name of Deceased

Date of Birth

Date of Death

To ***Cremation Society of Placer County***

Signature: _____ Relationship: _____

Address: _____

City, State, Zip: _____ Telephone: _____

CW Representative Present: _____