



434 South Vermont Avenue, Los Angeles, California 90020  
(213)-382-9200 Fax (213)-384-4572

**California FD-1693**  
**AUTHORIZATION**

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for

**Name of Deceased:**

and I authorize the release and removal of the remains to said funeral establishment. I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

**SIGNED:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**LOCATION OF DECEASED ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE & ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_