

# MCNERNEY'S MORTUARY



*Serving San Pedro and the Harbor Area since 1927*

570 W.5<sup>th</sup> Street San Pedro, Ca. 90275  
(310) 832-8351 [mcnerneymortuary.com](http://mcnerneymortuary.com)  
FD418

## Authorization to Release Human Remains

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

I, the undersigned, hereby authorize and direct you to release the human remains of the above mention decedent to McNerney's Mortuary and the undersigned hereby represents that he/she has legal right to control disposition of the human remains of the decedent.

Relationship to Deceased: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please fax the completed form to (310) 832-4324 or email to [mcnerneymortuary@yahoo.com](mailto:mcnerneymortuary@yahoo.com)

For staff use

The undersigned hereby confirms that he/she witnessed the transfer of the human remains of the decedent by the representatives of McNerney's Mortuary, on the date and place identified below. The undersigned further confirms that he/she knows the remains to be those of the decedent named on this form. The undersigned further acknowledges that he/she witnessed the placement of an accurate identification band on such body by representatives of McNerney's Mortuary.

PERSONAL BELONGINGS: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To be signed by someone other than a McNerney's Mortuary representative