



**M i d g l e y
Gardenside Mortuary**

Gentle Guidance Through The Storm
FD-1557

Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to **Midgley – Gardenside Mortuary**. I am the nearest next of kin to the decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, including Gardenside Funeral Service, Inc., Midgley – Gardenside Mortuary, its agents, employees and representatives, the care facility, its agents, employees and representatives, and all other parties, of any and all liability.

This release also pertains to any personal belongings of the decedent.

X _____
Signature of Next of Kin/Representative

Printed Name of Next of Kin/Representative

Address

City State Zip

Phone Number

Email address, if available

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

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