

SALSER & DILLARD FUNERAL CHAPEL
127 E. CALDWELL AVE.
559-635-1144 VISALIA, CALIFORNIA 93277 FAX: 559-635-8262
FD-1781

RELEASE AUTHORIZATION

The undersigned hereby authorize and request _____
(Name of Institution or Person(s))

to release the body of _____
(Name of Deceased)

to Salser & Dillard Funeral Chapel including its agents.
(Name of Mortuary)

Undersigned represent that he/she has the legal authority to take this action

_____ date _____
(signature and relationship to Deceased)

_____ date _____

PROPERTY RELEASE

The undersigned hereby authorize and request _____
(name of institution or person)

to release the property of _____
(name of Deceased)

to Salser & Dillard Funeral Chapel including its agents.
(name of Mortuary)

Undersigned represent that he/she has the legal authority to take this action

_____ date _____
(signature and relationship to Deceased)

_____ date _____