



**High Desert Funeral Chapel and Cremation
16545 Bear Valley Rd. Hesperia, CA 92345
Tel. 760-244-1400. Fax. 760-244-8300. Email: highdesertfuneral@gmail.com
FD 2025**

ORDER FOR RELEASE OF REMAINS

Date _____

To _____
Hospital, Healthcare Facility, Hospice Organization etc.

Address _____ City _____

State _____ Zip _____ Telephone _____ Cell _____

Name of Deceased _____

I certify that, pursuant to **Section 7100, Health and Safety Code and 27491.3 of the Government Code of the State of California**, that it is my legal right to control the disposition of the remains of the above named decedent and to select any funeral director or disposition service. I hereby request that you release the remains in your custody to:

High Desert Funeral Chapel and Cremation. 16545 Bear Valley Rd. Hesperia, CA 92345. 760-244-1400. FD 2025.
I understand that the transportation fee is included in the funeral home's packages. Also, I understand that if after the removal I choose a different funeral home, I will pay the itemized transportation fee of \$495.⁰⁰.

Name of Next of Kin _____ Relationship _____
Please Print

Address _____ City _____

State _____ Zip _____ Telephone _____ Cell _____

Signed X _____ Date _____

Date/Time Remains Removed _____

Remains Released To _____ Signature X _____

Remains Released By _____ Signature X _____

NOTE: High Desert Funeral Chapel and Cremation cannot accept decedent's personal effects and is not responsible for personal effects.

Item(s) removed _____

Item(s) released to _____ Relationship _____

X _____ Person Receiving X _____ Witness X _____ Funeral Home Representative

Item(s) unable to be removed at location _____

Item(s) will be returned to the legal next of kin at funeral home.