



FAIRHAVEN
MEMORIAL
PARK & MORTUARY

1702 Fairhaven Avenue
Santa Ana, CA 92705
(714) 633-1442
Fax: (714) 633-5471
FD #1313

SELECTION OF FUNERAL DIRECTOR

I Certify That: (Please Check One Of The Following)

- I am the next of kin pursuant to Section 7100, Health & Safety Code, State of California.
- I am acting as agent for the next of kin _____.
- I have the legal authority to act on behalf of _____.

It is my legal right to nominate a funeral director to take charge in the event of death of:
_____, deceased.

If at need, place of death _____.

Therefore, at that time, please release the above named deceased and personal effects to Fairhaven Memorial Park & Mortuary located at Santa Ana, California.

Signed _____ Relationship _____ Date _____
Address _____ City _____ State/Zip _____
Telephone _____ Date Signed _____ Witnessed by _____

Received By: _____

Assisted By: _____

Removal Time: _____ Delivery Time: _____

Description of Personal
Effects Received: _____

Witnessed By: _____ Dated: _____

Organ or Tissue Donor: Yes No