



IN THE NAME OF GOD, THE BENEFICIENT, THE MERCIFUL
THE ISLAMIC CENTER OF SOUTHERN CALIFORNIA
434 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020
(213) 382-9200 FAX (213) 384-4572

AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for:

and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming.

I represent that I am the next of kin, or am acting as an authorized agent for the next of kin.

SIGNED: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ **ST.:** _____

PHONE: _____

WITNESS: _____