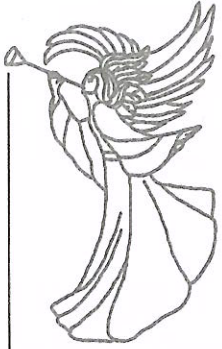


Chapel of the Angels Mortuary & Crematory



Date: _____

Please release the remains of _____
to Chapel of the Angels Mortuary & Crematory.

X _____

Print Name: _____

Relationship: _____

Address: _____

Phone Number(s): _____