



RELEASE OF AUTHORIZATION FOR DISPOSITION OF REMAINS

I declare, under penalty of perjury, that I have the legal right to control the disposition of the remains of _____, in accordance with Healthy and Safety Code §7100.

Name: _____ Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Phone Number: _____

I hereby release authority to _____ to control the disposition of the abovementioned remains.

Address: _____

City: _____

State: _____ Zip Code: _____ Phone Number: _____

Please attach a photocopy of reasonable proof of identity of the person signing the form. Proof of identity may be an identification card or driver's license issued by the Department of motor Vehicles, a passport issued by the United States of America, or a notary public's certificate of acknowledgment identifying the person signing the form.

Signature: _____

Date: _____

