

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of _____, will be cremated by
_____ and shall be disposed of in the
following manner (Note 1): _____

Name of Person Arrangements are for

Name of Funeral Establishment and Telephone Number

County Crematory, (951) 940-4126

Name of Crematory and Telephone Number

Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

Signed _____ Date _____

Person(s) with legal right to control disposition or Self, if prearranging

Signed _____ Date _____

Person(s) with legal right to control disposition

Signed _____ Date _____

Person(s) with legal right to control disposition

Signed _____ Date _____

Person(s) with legal right to control disposition

Name of person(s) contracting for cremation services: _____

Signed _____ Date _____

Person(s) contracting for cremation services

Signed _____ Lic. # _____ Date _____

Funeral Director, Employee, or Agent for Funeral Establishment

If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau. This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.

California Department of Consumer Affairs, Cemetery and Funeral Bureau www.dca.ca.gov/cemetery (Rev 3/2003)