

Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall refer to all persons authorizing the cremation & disposition of the decedent)

I, the undersigned declarant(s) do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and disposition of: _____ my _____, who

Decedent Name

Relationship

Died on: _____. I further state that I am the Section 7100 authority pursuant to the following:

I/We am/are:

- _____ Self
- _____ Surviving Spouse
- _____ I/We am/are the sole surviving child/children of the deceased.
- _____ I/We represent a majority of the surviving children.
- _____ I/We am/are the surviving child/children of the deceased and have used reasonable efforts to notify all other surviving children and are not aware of any opposition to the cremation of the decedent on the part of one-half or more of all surviving children.
- _____ Other authorized representative. (Attach copy of power of attorney or will)

Last Known Address of Decedent:		
NUMBER _____	STREET _____	APT. _____
CITY _____	STATE _____	ZIP _____

Signature: The following person(s), do hereby authorize the cremation and disposition of the Decedent named above:

Date Signature Print Name Relationship to Decedent

Address City State

Date Signature Print Name Relationship to Decedent

Address City State

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the uses of this declaration. Further, I acknowledge the following:

"A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 (See Note 2) of the Health and Safety Code." Section 7685.2©(2), Business and Professions Code.

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 (See Note 3) of the Health and Safety Code." Section 7685.2©(3) Business and Professions Code.

Authorization for Cremation & Disposition

I do hereby give this explicit authorization to **Deer Creek Mortuary** (the Funeral Director/Mortuary) in conjunction with Roselawn Cemetery (the "Crematory"), to provide the following services, to wit I agree to pay the usual and customary fees.

1. Cremation:

Cremate the body of the decedent names above in accordance with the subject to the crematory's rules and Regulations and the laws of the State of California.

I acknowledge the following descriptive statement of the cremation process as required by the Health & Safety Code Sec. 7054.7©(b)

"The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is comingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea."

2. Implants, Mechanical & Radioactive Devices:

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the Cremation chamber. The Crematory will therefore not knowingly cremate and remains which contain such a device.

I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their Removal prior to delivery to the Crematory. _____ INITIALS

3. Mementos, Jewelry, Dental Appliances/Gold-Silver, & Other Foreign Materials:

Items such as personal momentos, jewelry, dental appliances or dental gold/silver, prosthesis and any other foreign Materials placed in the cremation container with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize their disposal.

DECLARATION REGARDING THE DISPOSITION OF CREMATED REMAINS OF THE DECEDENT NAMED ABOVE

4. Disposition:

I authorize you to take the action I've indicated below with respect to the decedent's cremated remains

_____ Deliver/release the remains to: _____
(Name & Address)

for the following disposition: _____

_____ Mail the remains to: _____ Via U.S. Postal - Registered Mail.

Note: Remains not picked up within 60 days after the cremation at the Crematory may be delivered to a licensed cemetery for final disposition in a manner which may make the remains nonrecoverable. If remains are mailed, I agree that the Crematory is acting solely as my agent in mailing the remains, and I agree that the Crematory shall not be liable if the remains are lost or damaged while in the custody of the Postal Service. _____

Matters Concerning Laws and Regulations Contact:

State of California, Department of Consumer Affairs, Cemetery and Funeral Bureau

1625 North Market Blvd., Suite S208, Sacramento, CA 95834 • (916) 574-7870 • On the Web: www.cfb.ca.gov