DECLARATION FOR DISPOSITION OF CREMATED REMAINS

/We hereby declare (my remains) or (the remains of)	Name of Person arrangements are for
11	will be cremated by
he possession of	, will be cremated by
	shall be disposed of in the following
Name of Crematory and Telephone Number and	shall be disposed of in the following
nanner al-t- 1)'	
Manner, Location and Other De	etails of Disposition
	Attach additional pages if necessar
7	
Name of person(s) with the legal right to control disposit	tion (Note 2).
Signed	Date
Signed Person(s) with legal right to control disposition to Self, if pre-arranging	Date
Signed Person(s) with legal right to control disposition to Self, if pre-arranging Signed Person(s) with legal right to control disposition	
Person(s) with legal right to control disposition	
Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition	Date Date
Signed Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition	
Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition	Date Date Date
Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition	Date Date Date
Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition	Date Date Date
Person(s) with legal right to control disposition	Date Date Date
Signed Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Name of person(s) contracting for cremation services:	Date Date Date
Signed Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Name of person(s) contracting for cremation services:	Date Date Date
Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition Signed Person(s) with legal right to control disposition Person(s) with legal right to control disposition	Date Date Date Date

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.

NOTICE REGARDING CREMATED REMAINS

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 of the Health and Safety 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 of the Health and Safety Code