

AUTHORIZATION FOR RELEASE OF HUMAN REMAINS

I hereby authorize and designate SACRED CROSSINGS FUNERAL HOME to take charge of the Funeral Arrangements for:

(decedent) _____ Who Died on: _____

Please indicate your relationship to the deceased person.

	I am the agent under a durable power of attorney for health care.
	I am the surviving spouse of the deceased.
	I am the surviving California Registered Domestic Partner of the deceased.
	I am/we are the surviving child/children all or majority (____ number of children) - There being no surviving spouse/domestic partner
	I am/we are the surviving parent(s) (____number of living parent(s)) - There being no surviving spouse/domestic partner or adult children
	I am/we are all or the majority of the surviving sister(s) and/or brother(s) (____ number of sister(s) and/or brother(s)) - There being no surviving spouse/domestic partner, children, parent(s).
	I am/we are all or the majority of the surviving next of kin of closet degree of deceased as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

The undersigned hereby: *(Please initial each paragraph and sign below)*

Represents I/we have the right to control the disposition of the remains of the above decedent and to arrange for funeral goods and services to be provided, pursuant to Health and Safety Code Sections 7100 and 7105, and/or Family Code Section 297.5.

Initials _____

Warrants the truthfulness of any facts set forth on this document and any another document authorizing interment or cremation of the above decedent, pursuant to Health and Safety Code Section 7110.

Initials _____

Acknowledges I/we am/are personally liable for all damages occasioned by or resulting from any breach of such warranty, pursuant to Health and Safety Code Section 7110.

Initials _____

Signature _____ **Date** _____

Print Name _____

Address _____

Phone _____ E-mail _____

Witness Signature _____

Print Name _____ Phone # _____

Address _____

Phone _____ E-mail _____