

City and County of San Francisco

Chief Medical Examiner



OFFICE OF THE CHIEF MEDICAL EXAMINER
AFFIDAVIT IN SUPPORT OF CLAIM TO
CONTROL DISPOSITION OF REMAINS



Funeral Establishment Name: Best Cremation Care

Decedent Name: _____

Claimant Name: _____

Claimant's Relationship to Decedent: _____

Claimant's Address: _____

Claimant's Phone Number: _____

I claim the right to control the disposition of the Decedent's bodily remains because: (Check all that apply)

- The Decedent named me to control the disposition of his/her body in a will or supplement documentation (attach a copy of that document).
- I am the Decedent's (**circle one**) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.

By signing below, you represent that you have the approval of the majority of the Decedent's children, if any, or that you have made reasonable efforts to notify all of the Decedent's children of you arranging the disposition of the Decedent's bodily remains.

I am not aware of any person who objects to my arranging the disposition of the body of the decedent's body.

I am not aware of any written instruction by the decedent, or any contract for funeral services by the decedent, that give control of the disposition of the decedent's remains to any other person.

I understand the provisions of the California Health and Safety Code Section 7100 and agree to comply with them.

I understand that an autopsy may or may not have been performed and, that if said autopsy was performed, tissues and organs may have been retained.

I understand that if I act as the funeral director/funeral home, all documents needed for the disposition of the remains, be it by burial or cremation, are my sole responsibility.

If I am acting as the funeral director/funeral home, I understand the following:

- 1) The decedent may or may not have received an autopsy and the decedent has not been embalmed.
- 2) The body has been kept in refrigeration; however, changes related to the natural breakdown of tissues may have occurred to the body's physical composition which will alter its appearance.
- 3) I am receiving a body which has not been prepared for viewing, and may be unsettling.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Claimant's Signature: _____ Date: _____

For Funeral Home Use Only (Complete Entirely):	
Funeral Home Contact: <u>Director</u>	Contact's Direct Number: <u>877 878 7988</u>
Please Transfer the Death Certificate in EDRS/FDRS to: <u>Best Cremation Care - FD#2200</u>	
Effective April 4, 2014, only this completed form will be accepted.	Revised: 011.14.20174