



PRINT, SIGN & FAX to 866.246.1521
or EMAIL CareCA@BestCremation.com

AUTHORIZATION FOR RELEASE

Regarding: _____ [Decedent's Full Name]

I hereby certify as signed below, that in accordance with the wishes and majority approval of all others so authorized by SS.7100 of the California Health and Safety Code, I have the right to control the disposition of the above named decedent.

I direct that the remains of the above named decedent be released or delivered without delay to Best Cremation Care or its agent on request.

The deceased has , or has not , to my knowledge, any communicable disease or been exposed to one, and does , does not , have any radioactive isotopes.

All valuables and/or personal property of the decedent are to remain at the place of death until further notice unless I specifically authorize otherwise in writing.

Signature:

Signature of the survivor or responsible party

Date

Printed name of responsible party

Telephone

Address

Driver's License # or Identification #

I hereby agree to hold Best Cremation Care harmless and to indemnify it or its assignees and/or agents from any and all claims, demands or damages which may be made or declared by reason of their acting according to this authorization.

Signature: _____

Printed Name: _____

Location of Decedent: _____