

AFFIDAVIT TO REQUEST A PERMIT FOR DISPOSITION OF HUMAN REMAINS

This is to certify that I am the legal custodian of human remains and have the authority to apply for a Permit for Disposition, as defined in CA Health & Safety Code Sections 7100, 7501, and 103060 for:

NAME OF DECEDENT - FIRST		MIDDLE	LAST
SEX	DATE OF BIRTH		DATE OF DEATH
CITY OF DEATH		COUNTY IN CALIFORNIA (IF OUTSIDE CA, ENTER STATE OR COUNTRY)	

I am requesting a California Permit for Disposition to:

- Ship human remains into California
 Disinter or remove human remains from a location within California

CURRENT PLACE OF DISPOSITION: _____
(NAME AND ADDRESS)

I hereby authorize the following disposition(s):

- Cremation
 Scattering of cremated remains other than in a cemetery
 Burial or Scattering in a California cemetery
 Transit of human remains outside of California

FINAL PLACE OF DISPOSITION: _____
(NAME AND ADDRESS)

CONSENT DISCLOSURE

This section only to be used by the legal custodian when designating a proxy (other than a Funeral Home representative), to acquire the Disposition Permit.

I, _____ grant permission to _____
 personally known to me, with mailing address of _____

to obtain the California Permit for Disposition of Human Remains on my behalf.

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

SIGNATURE	DATE SIGNED
PRINTED NAME	RELATIONSHIP TO DECEDENT
MAILING ADDRESS	

