



SM

Cremation Society OF ORANGE COAST

"A FULL SERVICE CREMATION AND FUNERAL PROVIDER"

Douglass

Authorization for Release of Remains

Phone () _____ - _____

Please read and answer all questions before signing

WAS THE DECEDENT LEGALLY MARRIED AT THE TIME OF DEATH?... _____

DOES THE DECEDENT HAVE ANY LIVING ADULT CHILDREN?..... _____

HEALTH AND SAFETY CODE * CHAPTER 3 * CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) An Agent under Power of Attorney for Health Care. (b) The surviving competent spouse. (c) The surviving competent adult child or majority of the adult children of the decedent. (d) The surviving competent parent or parents of the decedent. (e) The surviving competent adult person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (f) The Public Administrator when the deceased has sufficient assets.

"WARNING: THE PERSON SIGNING THIS ORDER FOR RELEASE IS LIABLE FOR ALL DAMAGES CAUSED BY ANY UNTRUTHFUL STATEMENTS CONTAINED IN THIS DOCUMENT. (HEALTH AND SAFETY CODE SECTION 7110)."

Please release the remains of the deceased, _____

To: Cremation Society of Orange Coast – 12425 Lewis St., #102, Garden Grove, CA 92840 including their agents.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed establishments: Macera Crematorium, 1020 Fuller St., Santa Ana, CA 92701 (holding center for cremation) OR Douglass Family Mortuary, 3363 East Imperial Highway, Lynwood, California 90262 (holding center for embalming). The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

I Declare Under Penalty of Perjury that the foregoing is true and correct.

Signed: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____ - _____

Executed this _____ day of _____, _____ at City _____ State _____