

Cremation Society of Orange Coast
12425 Lewis Street, Suite 102
Garden Grove, California 92840
(800) 678-0669
License # FD 1704

PLEASE COMPLETE THE FOLLOWING INFORMATION

I HEREBY DECLARE that I have the authority and hereby authorize RELEASE from place of death and CREMATION for (Name of Decedent): _____ under direction and services of the Cremation Society of Orange Coast - 1-(800) 678-0669

My Name (Printed) _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

My telephone: _____ Other telephone: _____ Email: _____

- I will pay for services by credit card, and provide card number and expiration date by telephone.
Payment must be received in full before the cremation can occur.
- I will pick up the cremated remains **by appointment**.
- Please mail cremated remains by certified U.S. Mail for an additional total fee of \$45.00.
Only the U. S. Post Office will ship cremated remains.
- Please place cremated remains at sea and provide confirmation upon completion for a fee of \$45.00.

If I fail to give specific instructions or call for the cremated remains within 45 days after cremation, I hereby authorize and hold harmless the Cremation Society of Orange Coast to place the cremated remains at sea and charge my credit card for services.

Signed: _____ Date: _____

Witness: _____ Date: _____

(Can be witnessed by any other person, including family members)