



## RELEASE OF AUTHORIZATION FOR DISPOSITION OF REMAINS

I declare, under penalty of perjury, that I have of	the legal right to control the disposition of the remains
	_, in accordance with Healthy and Safety Code §7100.
Name:	Relationship:
Address:	
City:	
State: Zip Code:	Phone Number:
	to control the
disposition of the abovementioned remains.	
Address:	
City:	
State: Zip Code:	Phone Number:
Signature:	Date:

