



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: \_\_\_\_\_