



AFFIDAVIT IN SUPPORT OF CLAIM TO CONTROL DISPOSITION OF BODILY REMAINS PERSUANT TO HEALTH AND SAFETY CODE SECTION 7100

Name of Funeral Director: RELIABLE CREMATIONS - FD

Name of Decedent:

Name of Claimant:

Address of Claimant:

Phone Number:

Relationship to Decedent:

I claim the right to control the disposition of the Decedent's bodily remains because: (Check all that apply)

- Three checkboxes with corresponding text: 1. The Decedent named me to control the disposition of his/her body in a will or other document (attach a copy of that document). 2. The Decedent verbally authorized me to control the disposition of his/her body. 3. I am the Decedent's (circle one) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.

By signing below, you represent that you have the approval of the majority of the Decedent's children, if any, or that you have made reasonable efforts to notify all of the Decedent's children of your arranging the disposition of the Decedent's bodily remains.

I am not aware of any person who objects to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instruction by the decedent, or any contract for funeral services by the decedent, that give control of the disposition of the decedent's remains to any other person.

I am aware of the provisions of the Health and Safety Code Section 7100 and agree to comply with them.

I understand that an autopsy may or may not have been performed, and that if said autopsy was performed, tissues and organs may have been retained.

I am aware if I am acting as the funeral director/funeral home, I understand that all documents needed for the disposition of the remains, be it by burial or cremation, are my sole responsibility.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_