

**DECLARATION FOR DISPOSITION OF CREMATED REMAINS**

I/WE HEREBY DECLARE (MY REMAINS) OR (THE REMAINS OF) \_\_\_\_\_ IN  
THE POSSESSION OF \_\_\_\_\_ **NAME OF PERSON ARRANGMENTS ARE FOR**  
ELITE FUNERALS & CREMATION CENTER OF CALIFORNIA FD-2257 844.244.1456, WILL BE CREMATED BY  
NAME OF FUNERAL ESTABLISHMENT AND TELEPHONE NUMBER  
DESTINY FUNERAL HOME & CREMATORY (562) 912 - 7977 AND SHALL BE DISPOED OF IN THE  
NAME OF CREMATORY AND TELEPHONE NUMBER

FOLLOWING MANNER (NOTE 1): \_\_\_\_\_  
MANNER, LOCATION AND OTHER DETAILS OF DISPOSITION

RETURN TO THE RESIDENCE OF: \_\_\_\_\_

BURIAL TO TAKE PLACE AT: \_\_\_\_\_

ASHES TO BE SCATTERED AT: \_\_\_\_\_

NAME OF PERSON(S) WITH THE LEGAL RIGHT TO CONTROL DISPOSITION (NOTE 2): \_\_\_\_\_  
ATTACH ADDITIONAL PAGES IF NECESSARY

**NAMES OF FAMILY MEMBERS WITH LEGAL RIGHT TO CONTROL DISPOSITION GO ABOVE THIS LINE, SAME PEOPLE ARE TO SIGN THE LINES BELOW**

**SIGNED (X)** \_\_\_\_\_ **DATE** \_\_\_\_\_  
PERSON(S) WITH LEGAL RIGHT TO CONTROL DISPOSITION OR SELF, IF PREARRANGING  
SIGNED (X) \_\_\_\_\_ **DATE** \_\_\_\_\_  
PERSON(S) WITH LEGAL RIGHT TO CONTROL DISPOSITION  
SIGNED (X) \_\_\_\_\_ **DATE** \_\_\_\_\_  
PERSON(S) WITH LEGAL RIGHT TO CONTROL DISPOSITION  
SIGNED (X) \_\_\_\_\_ **DATE** \_\_\_\_\_  
PERSON(S) WITH LEGAL RIGHT TO CONTROL DISPOSITION

NAME OF PERSON(S) CONTRACTING FOR CREMATION SERVICES: \_\_\_\_\_  
\_\_\_\_\_ - **NAME OF NEXT OF KIN/FAMILY**

**SIGNED (X)** \_\_\_\_\_ **DATE** \_\_\_\_\_  
PERSON(S) CONTRACTING FOR CREMATION SERVICE  
SIGNED (X) \_\_\_\_\_ **LIC. #** \_\_\_\_\_ **DATE** \_\_\_\_\_  
FUNERAL DIRECTOR, EMPLOYEE, OR AGENT FOR FUNERAL EST. IF FUNERAL DIRECTOR

NOTE 1: SEE HEALTH & SAFTEY CODE SECTIONS 7054, 7054.6, 7116, 7117 FOR LEGAL DISPOSITION OF CREMATED REMAINS  
NOTE 2: SEE HEALTH & SAFTEY CODE SECTION 7100 FOR THE LIST OF PERSON(S) WITH THE LEGAL RIGHT TO CONTROL DISPOSITION OF HUMAN REMAINS.

**IMPORTANT: BUSINESS AND PROFESSION CODE & 7685.2(B) REQUIRES FUNERAL ESTABLISHMNETS TO COMPLETE THIS FORM, PROVIDED BY THE CEMETERY AND FUNERAL BUREAU, WHEN MAKING ARRANGEMENTS FOR CREMATION. FAILURE TO COMPLETE THIS FORM MAY RESULT IN DISCIPLNARY ACTION BY THE BUREAU. THIS DELCARATION DOES NOT REPLACE THE WRITTEN AUTHORIZATION TO CREMATE REQUIRED BY HEALTH AND SAFETY CODE SECTION 7110 & 7111.**

**NOTICE REGARDING CREMATED REMAINS**

A PERSON HAVING THE RIGHT TO CONTROL DISPOSITION OF CREMATED REMAINS MAY REMOVE THE REMAINS IN DURABLE CONTAINER FROM THE PLACE OF CREMATION OR INTERNMENT, PURSUANT TO SECTION 7054.6 OF THE HEALTH AND SAFTEY CODE.  
IF THE CREMATED REMAINS CONTAINER CANNOT ACCOMMODARTE ALL CREMATED REMAINS OF THE DECEASED, THE CREMATORY SHALL PROVIDE A LARGER CREMATED REMAINS CONTAINER AT NO ADDITIONAL COST, OR PLACE THE EXCESS IN A SECOND CONTAINER THAT CANNOT EASILY COME APART FROM THE FIRST, PURSUANT TO SECTION 8345 OF THE HEALTH AND SAFTY CODE.