

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
the possession of \_\_\_\_\_, will be cremated by  
\_\_\_\_\_ and shall be disposed of in the  
\_\_\_\_\_

Name of Person Arrangements are for

Name of Funeral Establishment and Telephone Number

Name of Crematory and Telephone Number

following manner (Notes 1): \_\_\_\_\_  
Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): \_\_\_\_\_

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person (s) with legal right to control disposition or Self, if prearranging

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person (s) with legal right to control disposition

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person (s) with legal right to control disposition

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person (s) with legal right to control disposition

Name of person(s) contracting for cremation services: \_\_\_\_\_

**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person (s) contracting for cremation services

**Signed** \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_  
Funeral Director, Employee, or Agent for funeral establishment If funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with legal right to control disposition of human remains.

**IMPORTANT:** Business and Professions Code § 7685.2(b) requires Funeral Establishment to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau. This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.