

AUTHORIZATION TO CREMATE

Loma Vista Memorial Park, 701 E. Bastanchury Road, Fullerton, CA 92835, (714) 525-1575

Subject to your rules and regulations and in accordance with California Law, I/We the undersigned, certify, warrant, and represent that I/We have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of:

DECEDENT: _____ **ADDRESS:** _____

DISPOSITION: _____ **RELEASE CREMAINS TO:** _____

The undersigned acknowledges reading and understanding the following statement: "The human body burns with the casket, container or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature, and as a result, remain in the cremation chamber. During cremation, the content of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea." (Health and Safety Code Section 7054.7(b).)

Certain items including, but not limited to, casket hardware, body prostheses, dentures, dental bridgework or fillings, jewelry and other personal articles accompanying the decedent remains may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of by the crematory.

Unless otherwise selected, the crematory will provide a durable container to hold the cremated remains. A second container, at no cost, will be provided in the event that the original container is insufficient to accommodate all the cremated remains.

Select container: Durable Urn___ Scatter Bag & Box___ Infant Container___ Other _____

Mechanical or radioactive devices (pacemakers, etc.) implanted in the Decedents remains may create a hazard when placed in the cremation chamber. **The undersigned warrants that the remains do not contain such devices or has directed the Funeral Director to remove and dispose of these devices prior to cremation.**

Unless specifically requested, the cremation will be scheduled at the convenience of Loma Vista Memorial Park and will not be performed in accordance with any religious or ethnic customs. **Specific request:** _____

The undersigned hereby acknowledges that unless the decedent, prior to death directed his/her own disposition, the right to control disposition vests in and devolves upon the following in the order named: "1. An agent under a Power of Attorney for Health Care. 2. The surviving competent spouse. 3. The surviving child or children of the deceased, provided that, in the absence of actual knowledge to the contrary, a funeral director or cemetery authority may rely on instruction given by a child or children who represent (A) that they are the sole surviving child or children; (B) that they constitute a majority of the surviving children; or (C) that they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instruction on the part of one-half or more of all surviving children. 4. The surviving parent or parents of the decedent. 5. The person or persons respectively in the next degrees of kindred." (Health and Safety Code Section 7100)

I/We, the undersigned, have read and understand this entire document, and hereby certify that I/We have the right to control the disposition of the remains and agree to indemnify and hold harmless Loma Vista Memorial Park, the Funeral Director, and their respective agents from any and all liability which may arise from this authorization, the cremation, the processing, or the subsequent release of the cremated remains.

Name _____ Signature _____ Relationship _____

Address _____ Phone _____

Name _____ Signature _____ Relationship _____

Name _____ Signature _____ Relationship _____

Funeral Establishment Representative Signature _____ Date _____

For more information on Funeral, Cemetery, Cremation and Hydrolysis Matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916) 574-7870.

Cremation ID Number _____ Date _____ Time _____ Retort No. _____ Container _____