

CR# \_\_\_\_\_

URN \_\_\_\_\_

## Evergreen Cemetery

204 North Evergreen Avenue

Los Angeles, California 90033

(323) 268-6714 FAX-(323) 268-6716

# Cremation Authorization And Declaration

For more information on Cemetery and Cremation matters, contact:  
Department of Consumer Affairs Cemetery and Funeral Bureau  
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834  
(916) 574-7870 – (800) 952-5210

# Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall refer to all persons authorizing the cremation & disposition.) I, the undersigned declarant(s) do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and disposition of \_\_\_\_\_ my \_\_\_\_\_, whose last known address was \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and who died on \_\_\_\_\_. I further state that I am Section 7100 authority pursuant to the following.

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## Section 7100 Authority...

I am the Section 7100 authority legally authorized to permit/select cremation as the form of disposition for the decedent listed herein. My authority is because I am one of the following:  
*Initial one box.*

\_\_\_\_\_ Self. I am signing this as a result of a preneed contract I have entered into.

\_\_\_\_\_ Attorney in fact under a power of attorney for health care. Attach copy.

\_\_\_\_\_ Surviving spouse

\_\_\_\_\_ Registered domestic partner.

\_\_\_\_\_ We (insert #) \_\_\_\_\_ adult children represent a majority of (insert #) \_\_\_\_\_ adult children. We are not aware of any opposition to the cremation on the decedent on the part or one half or more of said adult children.

\_\_\_\_\_ We are the available surviving adult children of the deceased and have used reasonable efforts to notify the all other surviving adult children of this authorization and are not aware of any opposition of the decedent on the part of one half or more. There are (insert #) \_\_\_\_\_ surviving adult children.

\_\_\_\_\_ Surviving competent parent(s) of the decedent. No adult children exists.

\_\_\_\_\_ Other: A competent adult person(s) in the next degree of kindred. I am the only surviving adult \_\_\_\_\_ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify such person(s) and I have bene unsuccessful. OR we are the majority of the surviving \_\_\_\_\_ and we have used reasonable efforts to notify ball other persons in the same degree of kindred and are not aware of any opposition to this authorization by one half or more.

\_\_\_\_\_ I am the licensed funeral director. My license # is \_\_\_\_\_ and I have notified the public administrator, in writing, of the passing and that there are no known persons with the authority to sign the authorization. The public administrator has failed to act and seven days have elapsed from the date of authorization; there I am acting as the authorizing agent.

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration.

Signed \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for Cremation & Disposition

I do hereby give this explicit authorization to: **Evergreen Cemetery/Crematory** (the crematory) to provide the following services, to which I agree to pay the usual and customary fees.

## 1. Cremation

Cremated the body of the decedent named above in accordance with and subject to the crematory's rules and regulations and the laws and regulations of the State of California.

I acknowledge the following descriptive statement of the cremation process as required by the Health and Safety code Section 7054.7 (c) (b).

"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 the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other materials 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 in the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery, or scattered at sea".

1a. I understand that the crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible container. I authorize the crematory to remove and dispose of handles, ornaments and all other non combustible materials of the cremation container or casket.

1b. I further acknowledge the following: "A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or internment, pursuant to Section 7054.6 of the Health & Safety Code." If the cremated remains container cannot accommodate all of the cremated remains of the deceased, the crematory shall provide a larger 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 & Safety code.

## 2. Implants, Mechanical & Radioactive Devices

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the cremation chamber. The crematory will therefore not knowingly cremate any remains which contain such a device.

*I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal prior to delivery to the crematory.* \_\_\_\_\_ INITIALS

## 3. Mementos, Jewelry, Dental Appliances/Gold-Silver, & Other Foreign Materials

Items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the chamber, I authorize their disposal.

## 4. Disposition:

I authorize you to take the action I have indicated below with respect to the decedent's cremated remains.

Deliver/release remains to: House of Winston Funeral Services, Inc. 9501 Vermont Ave., Los Angeles, CA 90044  
Name & Address

For the following disposition \_\_\_\_\_  
 Mail the remains to \_\_\_\_\_ Via U.S. Postal-Registered mail  
 Other \_\_\_\_\_

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Note: Cremated remains not picked up within 90 days of the decedent's death at the crematory may be delivered to a licensed crematory for disposition, in a manner which may make the remains non-recoverable. If the remains are mailed, I agree that the crematory is acting solely as my agent in mailing the remains, and agree that the crematory shall not be liable if the remains are lost or damaged \_\_\_\_\_ INITIALS

# Authority to Conduct Burial or Cremation Service

This is your guide to correctly selecting your authority in authorizing the cremation or burial of your family member. Please read these instructions carefully as incorrect designation agents cannot authorize our services.

Declaration: I declare that I am the person having full legal authority to authorize the \_\_\_\_\_ burial or  cremation of \_\_\_\_\_ (Decedent). I warrant that my authority is because I am the following (checked) agent:

- Self (This designation is only when a **Pre-Need Contract** is signed).
- Attorney in fact under a **Power of Attorney for Health Care**. Attach a copy of the Power of Attorney for Health Care. A General Power of Attorney is not acceptable **unless** it specifically authorizes disposition.
- The surviving spouse of **Registered** Domestic Partner
- I am the sole surviving **Adult** child of the deceased.
- We (insert #) \_\_\_\_\_ adult children, represent a majority of (insert #) \_\_\_\_\_ adult children. All adult (over **18 years old**) children must sign the authorization. We are not aware of any opposition to the burial or cremation of the decedent on the part of one half or more of said adult children.
- We are the available surviving adult children of the deceased and have used reasonable efforts to notify all other surviving adult children of this authorization and are not aware of any opposition to the burial or cremation of the decedent on the part of one half or more of said adult children.
- Surviving competent parent(s) of the decedent. No adult children exist.
- Other: A competent adult person(s) in the next degree of kindred. I am the only surviving \_\_\_\_\_ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify such person(s) and have been unsuccessful. **(OR)** We are the majority of the surviving \_\_\_\_\_ and we have used reasonable efforts to notify all other persons in the same degree of kindred and are not aware of any opposition to this authorization by one half or more.

\_\_\_\_\_ I am a licensed Funeral Director, license # \_\_\_\_\_ and have notified the Public Administrator, in writing, of the decedent's passing and that there are no known persons with the authority to sign the authorization. The Public Administrator has failed to act and seven days have elapsed from the date of notification; therefore I am acting as the authorizing agent.

Executed at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City State Month Day Year

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in

Name of person arrangements are for

the possession of House of Winston Funeral Services, Inc. (323) 757-2271, will be cremated by

Name of Funeral Establishment and Telephone Number

Evergreen Cemetary (323) 268-6714

Name of Crematory and Telephone Number

and shall be disposed of in the following

manner (Note 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 (#1) \_\_\_\_\_

Person(s) with legal rights to control disposition to Self, if pre-arranging

Date \_\_\_\_\_

Signed (#2) \_\_\_\_\_

Person(s) with legal rights to control disposition to Self

Date \_\_\_\_\_

Signed (#3) \_\_\_\_\_

Person(s) with legal rights to control disposition to Self

Date \_\_\_\_\_

Signed (#4) \_\_\_\_\_

Person(s) with legal rights to control disposition to Self

Date \_\_\_\_\_

Name of person(s) contracting for cremation services: #2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

Signed (#1) \_\_\_\_\_

Person(s) contracting for cremation services

Date \_\_\_\_\_

Signed \_\_\_\_\_

Funeral Director, Employee, or Agent for Funeral Establishment

Lic. # \_\_\_\_\_

If a Funeral Director

Date \_\_\_\_\_

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

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

**IMPORTANT: Businesses and Professions Code 7685.2(b) requires Funeral Establishments 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.**

### NOTICE REGARDING CREMATED REMAINS

A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.

If the cremated remains container cannot accommodate 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 Safety Code.