

# AUTHORIZATION FOR CREMATION AND DISPOSITION

DATE: \_\_\_\_\_

CREMATION: \_\_\_\_\_

REIS FAMILY MORTUARY & CREMATORY  
991 NIPOMO ST., SAN LUIS OBISPO, CA. 93401

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Sections 10375 and 7100, Health & Safety Code.)

The undersigned requests and authorizes REIS FAMILY MORTUARY & CREMATORY, in accordance with and subject to its regulations and the appropriate sections of the California Health and Safety code, to cremate and process in a manner suitable for interment the remains of:

**Name of Deceased:** \_\_\_\_\_

**I/We represent and warrant to you that I/We Am/Are the person(s) having the right to control the disposition of remains of the decedent.**

**I/We have the right because I/We Am/Are: (authorizing person(s) must initial the following as it applies.)**

- \_\_\_\_\_ Self  
 \_\_\_\_\_ Surviving Spouse  
 \_\_\_\_\_ I/We are the sole surviving child/children of the deceased.  
 \_\_\_\_\_ I/We represent a majority of the surviving children (total number of children \_\_\_\_\_) and that we have used reasonable efforts to notify all other surviving children and are not aware of any opposition to these instructions on the part of one-half or more of the children.  
 \_\_\_\_\_ Funeral Director/ Cemetery Authority  
 \_\_\_\_\_ Other authorized representative. State relationship and authority \_\_\_\_\_

**I/We authorize disposition of the cremated remains by: (initial one)**

- \_\_\_\_\_ Interment in a cemetery plot or mausoleum crypt/niche  
 \_\_\_\_\_ Releasing to family \_\_\_\_\_  
 \_\_\_\_\_ Scattering at Sea off the Coast of \_\_\_\_\_  
 \_\_\_\_\_ Releasing to \_\_\_\_\_

**I/We expressly give permission for:**

- 1) The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations (Section 7054.7(a) (1) California Health and Safety Code).
- 2) The processing of the cremated remains so that they are suitable for inurnment within a cremated remains container or urn (Section 7054.1 California Health and Safety Code).
- 3) I/We hereby acknowledge that I/We are responsible for the removal of any jewelry or mementos from the deceased prior to cremation.
- 4) I/We authorize the Funeral Home to remove any eyeglasses from the cremation container and return them to me/us.
- 5) I/We understand that any jewelry or mementos of the deceased may be destroyed during the cremation process and may not be recoverable. Any material which is recovered shall be returned to the cremated remains container. (Section 7051 Health & Safety Code).
- 6) The Crematory shall accept for cremation only those human remains which are in a cremation container, as defined (see reverse side), which is labeled with the identity of the decedent (Section 845.5 Health & Safety code).
- 7) The Crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container (see reverse side) as defined in Section 7006.5 Health & Safety Code).
- 8) In the event of there being more cremated remains than the container provided, or the urn which I/We have chosen, will hold, I/We direct REIS FAMILY MORTUARY & CREMATORY to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345 Health & Safety Code).
- 9) The Crematory will store the body of the deceased at a temperature no greater than 50°F unless the cremation process will begin within 24 hours of the time that the human remains were received by the Crematory (Section 8346 Health & Safety Code).
- 10) The Crematory will not cremate any human remains which contain any type of implanted pacemaker, mechanical, radioactive or silicon device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to the cremation, and dispose of such items in any lawful manner it deems appropriate.

\_\_\_\_\_  
Description of implanted devices

\_\_\_\_\_  
Disposition

I/We further acknowledge that "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 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." (Section 7054.7 of the California Health and Safety Code.)

I/We warrant that all statements and representations are true and correct and that I/We have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/We assume full responsibility for their identity whether or not I/We viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within one (1) year of the cremation date, REIS FAMILY MORTUARY & CREMATORY is authorized to inter, or cause them to be interred, in a cemetery. I/We hereby agree to indemnify, release and hold the Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with cremation and disposition of the cremated remains of the deceased..

For more information on Funeral, Cemetery, and Cremation Matters, contact: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SUITE S-208, SACRAMENTO, CA 95834; telephone number (916) 574-7870.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF NEXT OF KIN OR LEGAL REPRESENTATIVE

I acknowledge receipt of said cremated remains for the purpose set forth above.

Signature \_\_\_\_\_

Date \_\_\_\_\_