



Cremation Society of Santa Barbara

Cremation Authorization and Declaration

Decedents Name: _____

Decedents survivors: *Please Select ONE*

Spouse _____ Domestic Partner _____ Adult Children _____ Parents _____ Siblings _____ Other _____

Decedent has: Will _____ Health Care Directive _____

FOR INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT:
DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU
1625 NORTH MARKET BLVD., SUITE S-280 SACRAMENTO, CA 95834 (916) 574-7870

Authorization for Cremation & Disposition

I do hereby give this explicit authorization to CREMATION SOCIETY of SANTA BARBARA to provide the following services, to which I agree to pay the usual and customary fees.

1. Cremation:

Cremate 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 requires by the Health & 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 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 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. _____ INITIALS. _____ INITIALS. _____ INITIALS. _____ INITIALS.

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 interment, pursuant to Section 7054.6 of the Health & Safety Code. “If the cremated remains container cannot accommodate all 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 hazard if placed in the cremation chamber. The crematory will therefore not knowing cremate any remains which contain such device. I CERTIFY THE REMAINS OF THE DECEDENT DO NOT CONTAIN ANY MECHANICAL DEVICES OR THAT I HAVE ARRANGED FOR THEIR REMOVAL.** _____ INITIALS. _____ INITIALS. _____ INITIALS. _____ INITIALS.

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

Items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any 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. _____ INITIALS. _____ INITIALS. _____ INITIALS. _____ INITIALS. _____ INITIALS.

4. **Viewing:** No viewing of the deceased is allowed at the crematory.

5. **Disposition:** I authorize you take the action I have indicated below with respect to the decedents cremated remains.

_____ Deliver/release remains to: CREMATION SOCIETY of SANTA BARBARA For the following disposition _____

_____ Mail remains to: _____ Via U.S. Postal – Registered Mail.

_____ Other _____

Cremated remains not picked up within 90 days of the decedents death at the crematory may be delivered to a licensed cemetery for disposition, in a manner which may make the remains nonrecoverable. 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. _____ INITIALS. _____ INITIALS. _____ INITIALS.

Authority To Conduct Cremation Services

Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall refer to all persons authorizing the cremation of the decedent.)

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 _____.

Sec. 7110 of the Health & Safety Code states: "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from breach of such warranty.

I understand the provisions of section 7110. _____ INITIALS. _____ INITIALS. _____ INITIALS. _____ INITIALS.

Section 7100 Authority...

I am the section 7100 authority legally authorized to permit cremation as the form of disposition for the decedent listed herein. My authority is because I am one of the following:

CHECK ONE... _____ Self. I am signing this as a result of a preneed contract I have entered into.

_____ Attorney in fact under a power of authority for **health care**. Attach copy. Surviving spouse _____ Registered domestic partner _____

_____ Sole surviving competent **adult** child. I,we _____ (insert #) _____ competent adult children represent the majority of (insert #) _____ competent adult children. I, we have used reasonable efforts to notify all other surviving competent adult children and are not aware of opposition to the cremation of the decedent by the majority.

_____ Surviving competent parent(s) of the decedent. No adult children exists. _____ Surviving siblings(s). If there are other siblings, I we represent the majority and have used reasonable efforts to notify all other competent adult siblings of these instructions and are not aware of any opposition to the cremation of the decedent by the majority

_____ Other: A competent adult person(s) in the next degree of kindred. I am the only surviving competent adult _____ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify all other such competent adult persons in the same degree of kindred and are not aware of any opposition to the cremation of the decedent by the majority of persons in the same degree.

_____ I am a licensed funeral director. My license # is _____ and I have notified the public administrator, in writing, of the passing and that there are no know persons with the authority to sign the authorization. The public administrator has failed to act and seven days have elapsed from the date of written notification; therefore 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.

Date: _____

1. Signed _____ Relationship _____ 2. Signed _____ Relationship _____
3. Signed _____ Relationship _____ 4. Signed _____ Relationship _____