



**AUTHORIZATION TO ISSUE PERMIT
FOR REMOVAL OF CREMATED OR INTERRED HUMAN REMAINS**

Cremated remains must be physically in California before a burial permit can be issued

****No alterations, erasures, or strikeouts****

Date: _____

To whom it may concern:

This is to certify that I am a legal custodian of the cremated or interred remains.

Cremated Remains? Yes No

1A. NAME OF DECEDENT-FIRST		1B. MIDDLE		1C. LAST	
2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)			4. DATE OF DEATH (MONTH, DAY, YEAR)	
6A. CITY OF DEATH			6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE		
7A. NAME OF INFORMANT			7B. RELATIONSHIP TO DECEDENT		
7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE					PHONE NUMBER

I hereby authorize and request you to issue a permit for the removal of said remains from their current location at:

****If remains are brought in from out of State/out of Country, list the location from which remains came from****

Residence Mortuary Other

Name: _____

at _____ / _____ / _____ / _____
Address City State Zip Code

For (re) Interment in/at:

Scatter at Sea off the Coast of _____

OR

Residence Cemetery Other

Name: _____

at: _____ / _____ / _____ / _____
Address City State Zip Code

The aforementioned information is represented as true and correct, and I so declare it under penalty of perjury as if I had sworn to the truth and accuracy under oath. I agree to defend, hold harmless and indemnify all parties for all damages, claims or other liability which they may incur, including attorney's fees in reliance upon the representation made by me in this authorization.

Informant's Signature _____ Date _____