



Authority To Conduct Funeral or Cremation Services
Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall refer to all persons authorizing the cremation and/or disposition of the decedent's remains.)

I, the undersigned declarant(s), do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and/or disposition of the remains of _____, whose _____ I am and whose last known address was _____, _____, _____, and who died on _____.

Section 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 of the Health and Safety Code. _____ (initial here)

Section 7100 Authority: I am the Section 7100 authority legally authorized to permit/select XX cremation and/or ___ interment as the form of disposition for the decedent listed herein. My authority is because I am one of the following: (initial one blank)

I make this declaration to authorize you to ___ cremate and/or ___ inter the remains of the above-named decedent and agree to hold Mountain View Crematory and its agents harmless from any claims which may result from the use of this declaration.

____ Attorney in fact under a power of attorney for health care. My relationship to the decedent is (check one): ___ Surviving Spouse ___ Registered domestic partner. Attached is a copy of the document executing / certifying power of attorney for health care.

____ Sole surviving competent adult child.

____ I, we competent adult children represent the majority of competent adult children. I/We have used reasonable efforts to notify all other surviving competent adult children and are not aware of any opposition to the ___ cremation and/or ___ interment of the decedent on the part of the majority of adult children.

____ Surviving competent parent(s) of the decedent. No adult child(ren) exist(s).

____ Surviving sibling(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 by the majority to the ___ cremation and/or ___ interment of the decedent.

____ Other competent adult person(s) in the next degree of kindred. I am the only surviving competent adult _____ and declare that no other person(s) in kindred to the decedent exist(s), or that 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 and/or ___ interment of the decedent by the majority of persons in the same degree of kindred.

____ I am a licensed funeral director. My license number is _____ and I have notified the public administrator, in writing, of the death of the above-named decedent 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 written notification; therefore I am acting as the authorizing agent.

____ Self. I am signing this authorization as a result of entering in to a pre-need contract.

<u>SIGNATURE</u>	<u>Relationship to Deceased</u>	<u>SIGNATURE</u>	<u>Relationship to Deceased</u>
1. <u>X</u> _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Executed at PASADENA, California, this _____ day of _____, 2020

