

AUTHORIZATION FOR RELEASE OF HUMAN REMAINS

To:

Name of Facility (i.e., hospital, medical examiner/coroner, etc.)

Pursuant to California Health & Safety Code, Division 7, Part 1, Chapter 2, Section 7053 this document is a demand for and authorization to release or deliver without delay the remains of the decedent
(Full Name)

To: **Payless Cremation** FD2323 Phone (800) 644-7700 Fax (209) 370-8698

All valuables and / or personal property of the decedent are to remain at the place of death until further notice, unless I specifically authorize in writing.

Acting as agents for:

(Full Name of Claimant/Person Authorizing Release)

Whose signature below authorizes the release of the human remains specified above.

(Check all that apply)

I am the Decedent's (circle one) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.

The Decedent named me to control the disposition of his/her body in a will or supplement documentation (attach a copy of that document).

By signing below, you represent that:

- You warrant and represent that you are the person or the appointed agent of the person who by law has the legal right to arrange and direct the disposition of the remains of the Decedent.
- You are not aware of any written instruction by the Decedent, or any contract for funeral services by the Decedent, that give control of the disposition of the Decedent's remains to any other person.
- You understand the provisions of the California Health and Safety Code Section 7100 regarding the right to control disposition and are in compliance.

I hereby agree to hold Khan Funeral Home harmless and to indemnify it or its assignees and/or agents from any and all claims, demands or damages which may be made or declared by reason of their acting according to this authorization.

Signature of Person Authorizing Release

Print Name

Relationship of Authorizing Person to Decedent

Date