

AUTHORIZATION TO RELEASE

Please release to Simple Traditions Cremation Service the remains of:

PRINT _____
First Middle Last

SIGNED **RELATIONSHIP** **DATE**

RESIDENCE _____
Street Address City State Zip

***Please note: If the person named above does not meet the requirements as stated in Section 7100 of the California Health and Safety Code (see below) we recommend naming that person as your agent with a validly executed Durable Power of Attorney for Health Care. These forms are available to you at Simple Traditions. Call to have one mailed to you.**

California Health and Safety Code, Section 7100

*The right to control the disposition of the remains of a deceased person, unless other instructions have been given by the decedent, vests in, and the duty of the internment and the liability for reasonable cost of internment of such remains devolves upon the following in the order named:

- (a) The surviving spouse.
- (b) The surviving child or children of the decedent.
- (c) The surviving parent or parents of the decedent.
- (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.
- (e) The public administrator when the deceased has sufficient assets.