DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person Arrangements are for

the possession of Simple Traditions (916) 488-2894, will be cremated by
Name of Funeral Establishment and Telephone Number

Norcal: 8231 Alpine Ave. Ste. 8 Sacramento, CA 95826 (916) 455-5486 and shall be disposed of in the
Name of Crematory and Telephone Number

following manner (Note 1): _____
Manner, Location and Other Details of Disposition

_____

_____

_____
Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

_____

_____

Signed _____ Date _____
Person(s) with legal right to control disposition or Self, if prearranging

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Name of person(s) contracting for cremation services: _____

_____

Signed _____ Date _____
Person(s) contracting for cremation services

Signed _____ Lic. # 1555 Date _____
Funeral Director, Employee, or Agent for Funeral Establishment — If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau. This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.