



## Declaration by Authorizing Agent Re: Right to Control Disposition of Human Remains

Re: \_\_\_\_\_ Date: \_\_\_\_\_  
(Decedent)

The undersigned hereby:

***(Please initial each paragraph and sign below)***

- ➔ \_\_\_\_\_ Represents I/We have the right to control the disposition of the remains of the above decedent and to arrange for funeral goods and services to be provided, pursuant to Health and Safety Code Sections 7100 and 7105 and /or Family Code Section 297.5.
- ➔ \_\_\_\_\_ Warrants the truthfulness of any facts set forth on this document and any other document authorizing interment or cremation of the above decedent, pursuant to Health and Safety Code Section 7110.
- ➔ \_\_\_\_\_ Acknowledges I/we am/are personally liable for all damages occasioned by or resulting from any breach of such warranty, pursuant to Health and Safety Code Section 7110.

Signed under penalty of perjury by:

➔ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_