



FD# 1271

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Suite 107
San Jose, CA 95112

FAX Cover Sheet

DO NOT FAX/RETURN THIS PAPERWORK UNTIL YOU HAVE SPOKEN TO A CALIFORNIA CREMATION SOCIETY COUNSELOR.

Date: _____

RE: (name of deceased) _____

Currently Located At:

Note: This transmittal contains _____ pages, including the cover sheet (page 1).

PLEASE CONTACT US IMMEDIATELY IF ALL PAGES DO NOT COME THROUGH!

These forms are REQUIRED by the State of California to authorize cremation.

Each form's purpose is described on page 2.

Check the forms over thoroughly, then sign, initial, or otherwise complete the forms where indicated.

DO NOT FAX/RETURN THIS PAPERWORK UNTIL YOU HAVE SPOKEN TO A CALIFORNIA CREMATION SOCIETY COUNSELOR.

Once you have completed our Forms Please Fax or e-mail back to :

California Cremation Society

586 North First Street Suite 107, San Jose, CA. 95112

PH : 1-(408) 998-4066

Fax: 1-(408) 287-8610

e-mail: calcremccs@gmail.com

Entire process takes **7 to 10 BUSINESS DAYS** from the time we receive payment and full paperwork.

