

# Informant's Name W/ Authorization to Release

Please tell us your Relationship to the deceased person

I am the agent under a durable power of attorney for health care.

I am the surviving spouse of the deceased.

I am the surviving California Registered Domestic Partner of the deceased.

I am/we are the surviving child/children all or majority \_\_\_\_ number of children -  
There being no surviving spouse/domestic partner or children.

I am/we are the surviving parent(s) \_\_\_\_ number of parent(s) -  
There being no surviving spouse/domestic partner, children or Parents.

I am/we are all or the majority of the surviving Sister(s) or Brother(s) \_\_\_\_ number of Sister(s) or Brother(s) -  
There being no surviving spouse/domestic partner, children, parent(s), sister(s) or brother(s).

I am/we are all or the majority of the surviving next of kin of closest degree of deceased as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

## INFORMANT'S NAME AND ADDRESS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address - Street & Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## AUTHORIZATION TO RELEASE

This is my authorization to release the remains of \_\_\_\_\_ to the  
California Cremation Society.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_



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