

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

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| 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | 1C. LAST |
| 2. SEX | 3. DATE OF BIRTH (MONTH, DAY, YEAR) | 4. DATE OF DEATH (MONTH, DAY, YEAR) | 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) |
| 6A. CITY OF DEATH | | 6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE | |
| 7A. NAME OF INFORMANT | | 7B. RELATIONSHIP TO DECEDENT | 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE |
| 8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE | | | |
| 7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE | | | |
| ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. | | | 9B. DATE SIGNED |
| 9A. APPLICANT SIGNATURE | | | |
| PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION <small>This permit is issued in accordance with provisions of the California Health and Safety Code and authorizes the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.</small> | | | |
| 10A. AMOUNT OF FEE PAID | 10B. DATE PERMIT ISSUED | 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT | |
| \$ | | | |
| 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA | | 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D | |
| 11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEM(S) <input type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA | | | FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS |
| BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) | 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY | 12B. DATE BURIED | 12C. INTERMENT NUMBER—IF APPLICABLE |
| | | 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING | |
| CREMATION | 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 13B. DATE CREMATED | 13C. CREMATION NUMBER—IF APPLICABLE |
| | | 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 14B. DATE RECEIVED | |
| | | 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | | 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | 15D. DATE SHIPPED |
| | | 15E. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 16B. DATE OF DISPOSITION | 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |
| | | 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL | |

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.