Authorization to Release to Simple Traditions

Please release to Simple Traditions Cremation & Burial the remains of:

PRINT: _____
First Middle Last

_____
Signed Relationship

ADDRESS: _____
Street City State Zip Code

* **Please note: If the person named above does not meet the requirements as stated in Section 7100 of the California Health and Safety Code (see below) we recommend naming that person as your agent with a validly executed Durable Power of Attorney for Health Care. These forms are available to you at Simple Traditions Cremation Services. Call to have one mailed to you.**

California Health and Safety Code, Section 7100

*The right to control the disposition of the remains of a deceased person, unless other instructions have been given by the decedent, vests in, and the duty of internment and the liability for reasonable cost of internment of such remains devolves upon the following in the order named:

a) The surviving spouse.
b) The surviving child or children of the decedent.
c) The surviving parent or parents of the decedent.
d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to the estate of the decedent
e) The public administrated when the deceased has sufficient assets