Mt. Eden Funeral & Cremation FD2438
23700 Clawiter Rd., Hayward, CA 94545

Release of Remains and Personal Effects

Contract #: _____

Pursuant to Health and Safety Code 7100

Name of Deceased: _____

I claim the right to control the disposition of the decedent's bodily remains because:
(Circle all that Apply)

_____ I am the decedent's **(Circle One)** SPOUSE CHILD* PARENT DPOA

OR OTHER NEAREST RELATIVE: *(Specify)* _____

*If you are the descent's child, you must have the approval of the majority of the decedent's children to arrange the disposition of the body. By signing below, you represent that you have the approval of most of these other children, or that you have made reasonable effort to notify all the decedent children of your arranging the disposition of the decedent body.

_____ The decedent named me in a will or other document to control disposition of his or her body.
(Attach a copy of the document)

I am not aware of any person who objects to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instruction by the decedent, or any contract for Funeral & Cremation Services by the decedent, that gives control of the disposition of the decent; s remains to any other person.

I am aware of the provision of Health & Safety code Section 7100 and agree to comply with them.

I hereby authorize and request that: _____release of the remains of the decedent to **MT. EDEN FUNERAL & CREMATION** or its agents. The remains will be taken either to our Preparation facility at Santos Robinson Mortuary-FD #81, 160 Estudillo St., San Leandro, CA 94578, or our Storage facility at 23700 Clawiter Rd., Hayward, CA 94545, based on the requested services.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

X _____ _____

Signature of Person in charge of Deceased Remains — Relationship

_____ _____

Street Address — Date of Release

_____ _____ _____ _____

City — State — Zip Code — Phone