



IRREVOCABLE ASSIGNMENT OF THE RIGHT TO CONTROL DISPOSITION

Pursuant to California Health and Safety Code § 7100

NOT VALID WITHOUT PHOTO ID. Place photo ID here and take a picture of the form if texting or emailing image of form to us. Or, text only photo ID if e-signing assignment form. Text to (707) 539-2921.

To Whom It May Concern:

I, _____, hereby authorize and assign
(Person with 7100 Rights)

_____, to make any and all funeral and disposition
(Person to Assume Responsibility)

arrangements for _____ my _____.
(Name of Decedent) (Relationship of Decedent)

I hereby certify that I am the person with the right to control the disposition and to arrange for funeral goods and services to be provided for the above Decedent, Pursuant to California Health and Safety Code § 7100. I understand that I will no longer be in charge of the disposition of the decedent, and I delegate and relinquish full rights by law to the assignee contained in this document. I agree that further communication over the arrangement for disposition of remains of the Decedent will only be between the assignee and funeral home and/or cemetery or crematory. I agree to release and hold the funeral home, cemetery, crematory, their affiliated companies and their employees and agents harmless from any and all damages, liability, or causes of action in connection with the assignment of the right to control disposition of the remains of the Decedent as authorized herein.

Signature of Person Assigning 7100 Rights

Date

Person Accepting Responsibility

I, the undersigned, hereby agree to accept the responsibility set forth herein and fully understand that I shall carry out the duties imposed by law on me of the person having the right to control the disposition of the above Decedent, subject to the limitations, if any, imposed herein.

Signature of Person Accepting Responsibility

Date