

Certification of the Right to Control Disposition

Name of Deceased _____

Legally Married Spouse: (circle one) Yes No; Name: _____

Registered Domestic Partner: (circle one) Yes No; Name: _____

Children (including legally adopted) (circle one) Yes No; Number of Surviving Children: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Parents: (circle one) Yes No; Number of Parent surviving: _____

Name: _____ Name: _____

Siblings (circle one) Yes No; Number of Siblings surviving: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

A person acting as a representative of the decedent under the signed authorization of the decedent.

Personal Representative (circle one) Yes No;

Name of representative: _____

I, _____ do hereby give up my right to control disposition of the remains of _____ and assign the right of disposition to _____.

Important: Please read and check the above answers carefully. I hereby certify that the above information is true and correct to the best of my knowledge. I understand that the funeral home is relying on my answers to determine who has the right to control disposition.

Signature: _____ Signature: _____

Signature: _____ Signature: _____

Date of signature: _____