



PREFERRED CREMATION & BURIAL

CERTIFICATION BY SURVIVING:

Children _____

Relative _____

The person or persons signing this document pursuant to the provisions of California Health & Safety Code Section 7100, certify that he/she/they is/are:

- A. The sole surviving child of _____, deceased.
- B. The sole surviving children of _____, deceased, and
- C. That we constitute a majority of the surviving children of the above mentioned deceased , or
- D. That we have used reasonable efforts to notify all other surviving children of our instructions regarding cremation/burial and disposition of the deceased, and are not aware of any opposition to these instructions on the part of one-half (1/2) or more of all surviving children.

Signature

Address _____

Print Name (relationship)

Phone (____) _____

Signature

Address _____

Print Name

Phone (____) _____

Signature

Address _____

Print Name

Phone (____) _____

Signature

Address _____

Print Name

Phone (____) _____