



PREFERRED CREMATION & BURIAL

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person Arrangements are for

the possession of **Preferred Cremation & Burial (619) 584-7000**, will be cremated by
Name of Funeral Establishment and telephone number

County Crematory (951) 940-4126 and shall be disposed of in the
Name of Crematory and telephone number

following manner (Note 1): _____
Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

Signed _____ Date _____
Person(s) with legal right to control disposition or Self, if prearranging

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Name of person(s) contracting for cremation services: _____

Signed _____ Date _____
Person(s) contracting for cremation services

Signed _____ Lic. # FDR 1687 Date _____

(1) A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.
(2) If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety code.

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.
Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.