

I, _____, hereby certify that I am the _____ of _____, deceased. Furthermore, I acknowledge that pursuant to Section 7100 of the California Health and Safety Code, I have the legal right to jointly (with my siblings) control the final disposition of my _____, _____.

It is with this acknowledgement that I hereby voluntarily transfer that right to _____. This transfer of authority is to extend to all matters relating to said disposition, including, but not limited to, the release of the body and all decisions regarding burial or cremation. This transfer of authority is limited, however, to only matters relating to the final disposition. It shall not extend to any matters relating to the estate of the decedent.

Signed: _____ Date: _____

Printed name: _____

Address: _____

Phone: _____

Witness: _____ Date: _____

Printed name: _____

Address: _____

Phone: _____