DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of)	in
the possession of <u>Chapman Funeral Homes (855) 628-0447</u> Name of Funeral Establishment and Telephone Number	, will be cremated by
and sha	ll be disposed of in the following
Name of Crematory and Telephone Number	
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 X Person(s) with legal right to control disposition to Self, if pre-arranging	Date
Signed X Person(s) with legal right to control disposition	Date
Signed Person(s) with legal right to control disposition	Date
Signed	Date
Name of person(s) contracting for cremation services:	
Signed X Person(s) contracting for cremation services	Date
Signed Lic. #	Date
Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal disp	positions of cremated remains.
Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the le	gal right to control disposition of human remains.
IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral E by the Cemetery and Funeral Bureau, when making arrangements for cremati disciplinary action by the Bureau. <u>This declaration does not replace the writte</u>	on. Failure to complete this form may result in

and Safety Code Sections 7110 and 7111.

NOTICE REGARDING CREMATED REMAINS

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.

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