



**AUTHORIZATION TO ISSUE PERMIT  
FOR REMOVAL OF CREMATED OR INTERRED HUMAN REMAINS**

**\*Cremated remains must be physically in California before a burial permit can be issued\***

Date: \_\_\_\_\_

To whom it may concern:

This is to certify that I am a legal custodian of the cremated or interred remains of

\_\_\_\_\_ and I hereby authorize and request  
Name of decedent

you to issue a permit for the removal of said remains from their current location:

Residence  Mortuary  Other

Name: \_\_\_\_\_

at \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address City State Zip Code

For (re) Interment in/at:

Scatter at Sea off the Coast of \_\_\_\_\_

Residence  Cemetery  Other

Name: \_\_\_\_\_

at: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address City State Zip Code

Date of Death	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
State of Death	State of Birth	Cremated remains Yes <input type="checkbox"/> No <input type="checkbox"/>

The aforementioned information is represented as true and correct, and I so declare it under penalty of perjury as if I had sworn to the truth and accuracy under oath. I agree to defend, hold harmless and indemnify all parties for all damages, claims or other liability which they may incur, including attorney's fees in reliance upon the representation made by me in this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip Code Phone number