

**PACIFIC INTERMENT SERVICE**

2100 Folsom Street  
San Francisco CA 94110  
FD1454  
1094 Yerba Buena Ave  
Emeryville CA 94608  
FD1506

Hospital, Coroner, Medical Examiner Release Form

Name of Decedent: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

\_\_\_\_\_ phone no.: \_\_\_\_\_

I claim the right to control the disposition of the decedent's bodily remains because (check all that apply):

\_\_\_The decedent verbally named me to control the disposition of his/her remains.

\_\_\_The decedent named me to control the disposition of his/her body in a will or other document (attach copy of the document).

\_\_\_I am the decedent or decedent's (circle one) spouse, child, parent or nearest other relative. (If you are the decedent's child, you must have approval of the majority of the decedent's children to arrange the disposition of the body. By signing below, you represent that you have the approval of the majority of the decedent's children, or that you have made reasonable efforts to notify all of the decedent's children or that you have made reasonable efforts to notify all of the decedent's other children of your arranging the disposition of the decedent's body).

I am not aware of any person who objects to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instructions by the decedent, or any contract for funeral services by the decedent that gives control of the disposition of the decedent's remains to any other person.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date