

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST JOHN		1B. MIDDLE -	1C. LAST DOE
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 04/15/1955	4. DATE OF DEATH (MONTH, DAY, YEAR) 05/20/2013	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH ATLANTA		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE GEORGIA	
7A. NAME OF INFORMANT JANE DOE		7B. RELATIONSHIP TO DECEDENT WIFE	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE JANE DOE-WIFE 1234 5TH STREET LAS VEGAS, NV 12345
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1234 5TH STREET LAS VEGAS, NV 12345		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE NONE	

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.	9A. APPLICANT SIGNATURE <i>Jane Doe</i>	9B. DATE SIGNED 6/1/13
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PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID \$ 12.00	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D SAN DIEGO COUNTY HEALTH DEPARTMENT-MS529 3851 ROSECRANS ST. STE 802 SAN DIEGO, CA 92110

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT		
	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA		
	<input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA		

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY FORT ROSECRANS NATL CEMETERY SAN DIEGO, CA 92106	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*
 * THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.