

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) 05/20/2000		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 SPOUSE	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 4TH ST. LAS VEGAS, NV 12345	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1234 4TH ST., 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 ▶	
			9B. DATE SIGNED	
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 County of San Diego Office of Vital Records P.O. Box 429001 San Diego CA 92142	
11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA			FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Fort Rosecrans National Cemetery San Diego, 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.