

**Bayview Crematory & Burial Services**  
**(800) 516-4404**

**FD1661**  
7510 Clairemont Mesa Blvd. Ste 109  
San Diego, CA 92111

**FD 1424**  
4666 1/2 Mercury St.  
San Diego, CA 92111

**FD 1713**  
815 Third Ave, Ste 315-B  
Chula Vista, CA 91911

**Notice of Relinquishment of Rights Regarding Disposition After Death**

*Note:* A legible copy of state or federal identification must be submitted to complete this authorization i.e. Valid Driver's License, State ID Card, or Passport.

By executing this document you have the right to select a person to make the decisions and handle all funeral arrangements and dispositions of the deceased pursuant to section 7100, health & safety code.

I, \_\_\_\_\_, being the competent adult  
Print name


- Spouse or State Registered Domestic Partner
- Adult Child
- Parent
- Adult Sibling
- Other surviving competent adult kin (relationship) \_\_\_\_\_

of \_\_\_\_\_, relinquish my rights to handle any and all funeral  
Name of Deceased

arrangements and disposition of remains of said Deceased person

to \_\_\_\_\_, who is the \_\_\_\_\_ of the Deceased.  
Name of new representative Relationship to Deceased

I certify that pursuant to section 7100, health & safety code, state of California I have the full legal right and authority being respectively in the next degree of kindred.

 Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_

*Reminder:* You **must** submit a legible copy of state or federal identification to complete this authorization.