



**SULLIVAN'S and  
DUGGAN'S SERRA**

FD 228

*Funeral Services*

6201 Geary Blvd • San Francisco, California 94121  
Tel. (415) 621-4567 • Fax (415) 621-8007  
www.sullivansfh.com

## **Affidavit in Support of Claim to Control Disposition of Bodily Remains**

Pursuant to Health & Safety Code 7100

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

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I claim the right to control the disposition of the decedent's bodily remains because:

*(Check all that apply)*

\_\_\_\_\_ I am the decedent's (*Circle One*)    SPOUSE    CHILD\*    PARENT

OR OTHER NEAREST RELATIVE (*Specify*) \_\_\_\_\_.

\* If you are the decedent's child, you must have the 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 these other children, or that you have made reasonable effort to notify all of the decedent's children of your arranging the disposition of the decedent's body.

\_\_\_\_\_ The decedent named me in a will or other document to control disposition of his or her body.  
(Attach copy of document)

\_\_\_\_\_ The decedent verbally named me to control the disposition of his or her 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 instruction 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 am aware of the provisions of Health & Safety Code Section 7100 and agree to comply with them.

I hereby authorize and request \_\_\_\_\_ to release the remains of the decedent to SULLIVAN'S AND DUGGAN'S SERRA FUNERAL SERVICES or its agents.

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

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