

CERTIFICATION BY SURVIVING _____

The person or persons signing this document pursuant to the provisions of California Health & Safety Code Section 7100, certify that he/she/they is/are:

- [A] The sole surviving child of _____, deceased.
- [B] The sole surviving children of _____, deceased, and
- [C] That we constitute a majority of the surviving children of the above mentioned deceased, or
- [D] That I/we have used reasonable efforts to notify all other surviving children of our instructions regarding cremation/burial and disposition of the deceased, and are not aware of any opposition to these instructions on the part of one-half [1/2] or more of all surviving children.

Signature

Address _____

Print Name

Phone () _____

Signature

Address _____

Print Name

Phone () _____

Signature

Address _____

Print Name

Phone () _____

Signature

Address _____

Print Name

Phone () _____