

Cremation Society of Los Angeles
6427 So. Eastern Avenue Bell Gardens,
California 90201
License # FD 1694

PLEASE COMPLETE THE FOLLOWING INFORMATION

I HEREBY DECLARE that I have the authority and hereby authorize RELEASE from place of death and CREMATION for (Name of Decedent): _____
under direction and services of the Cremation Society of Los Angeles 1(323) 773-1234

My Name (Printed) _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

My telephone: _____ Other telephone: _____

Note: _____

- I will pay for services by credit card and provide card number and expiration date by telephone.
- I will receive cremated remains at your main office in Bell Gardens by appointment.
- Please mail cremated remains by certified mail for an additional total fee of \$100.00.
- Please place cremated remains at sea and provide confirmation upon completion for a fee of \$75.00.
- There will be an additional fee for cremation of decedent weighing 300lbs or more.**
The extra fee is \$1.00 per pound beginning at pound zero. (Example: a 350 lb person would be an additional \$350.00)

If I fail to give specific instructions or call for the cremated remains within 45 days after cremation, I hereby authorize and hold harmless the Cremation Society of Los Angeles to place the cremated remains at sea and charge my credit card for services.

Signed: _____ Date: _____

Witness: _____ Date: _____