

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-(800) 615-5501

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 \$45.00.
- Please place cremated remains at sea and provide confirmation upon completion for a fee of \$50.00.

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: _____