



MCA FUNERAL HOME

License # FD2206

<http://www.mcabayarea.org/funeral/>

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AFFIDAVIT FOR AUTHORIZATION FOR RELEASE

Assignment of the Right to Control Disposition
Pursuant to Health and Safety Code Section 7100

I/We, _____, hereby authorize and assign the **MCA Funeral Home** to make
(person(s) with 7100 right)
any and all funeral and disposition arrangements for _____.
(name of decedent)

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

____ / ____ I am the legal, responsible party: The following list represents order of responsibility:

Please answer: **YES** or **NO** to each of the following

- _____ a) Written instructions by Deceased (Attach copy of Will, Trust, Preneed)
- _____ b) Durable Power of Attorney for Health Care/Conservator (Attach Copy)
- _____ c) Spouse or State Registered Domestic Partner
- _____ d) Child(children): Number of Adult Children: _____
- _____ e) Parent(s): Mother: _____ Father: _____
- _____ f) Sibling(s): Number of Adult Siblings: _____
- _____ g) Other: (specify) _____ Public Administrator/Coroner

Declaration:

The person signing below represents, warrants and declares to MCA Funeral Home that they are not aware of any person who has a superior right to complete the funeral/cremation arrangements, or anyone who objects to my arranging for the disposition of the above named decedent. I am not aware of any written legal instructions (Will, Trust) by the decedent, or any contract for funeral services by the decedent, that gives direction or control of the disposition of the decedent's remains to any other person or facility. If you are a decedent's child, parent, sibling, or relative on equal standing in accordance with SS. 7100 of the California Health and Safety Code, by signing below, you represent that you have the approval of the majority of the people with the same standing. Further you represent that you have made reasonable efforts to notify all of the decedent's other children, the remaining parent, all siblings or relatives of equal standing. I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct. I agree to indemnify and hold harmless MCA Funeral Home from any claims or causes of action arising or related in any respect to this Authorization for Release or the Funeral Home's reliance thereon.

Authorized Signature: _____ Print: _____ Date: _____

Authorized Signature: _____ Print: _____ Date: _____

MCA Funeral Home Representative: _____ Date: _____