

# Blair's Direct Cremation and Burial Service, Inc.

5530 Mountain View Drive  
Redding CA. 96003  
Office (530) 241-3400 / Fax (530) 241-3402

## Authorization and Release of Cremated Remains

I/We hereby authorize Blair's Direct Cremation & Burial Service to release the cremated remains in the manner selected below.

Regarding: \_\_\_\_\_

### Select One Choice Below and Initial

1. \_\_\_\_\_ I will **PICKUP** the cremated remains/urn from Blair's Direct Cremation & Burial Service within 15 days as required by California Law.

Primary Authorized Person to **PICKUP** Cremains/Urn is: \_\_\_\_\_

Secondary Authorized person to **PICKUP** Cremains/Urn is: \_\_\_\_\_

2. \_\_\_\_\_ Blair's Direct Cremation & Burial Service is instructed to **SHIP** cremation remains to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Blair's Direct Cremation & Burial Service is instructed to **SCATTER** the cremation remains at **SEA** off the coast of \_\_\_\_\_, in \_\_\_\_\_ County, CA.

4. \_\_\_\_\_ **OTHER:** \_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Legal Representative Signature of Mortuary Staff/Witness

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### Sign Below at Pickup and Release:

I certify that the above designated disposition/release of cremation remains was completed on the date of my/our signature(s) below.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Legal Representative Signature of Mortuary Staff/Witness Time: \_\_\_\_\_