



Authority to Make Disposition Arrangements

California law lists those who have the right, duty, and responsibility to make decisions about disposition arrangements after a person's death. They are, in order, as listed in the law:

1. A person, prior to his or her death.
2. The Person Authorized to Direct Disposition on a U.S. Department of Defense Record of Emergency Data (DD Form 93) as that form existed on December 31, 2011, or its successor form.
3. An agent under a California power of attorney for health care.
4. The surviving competent spouse or registered domestic partner.
5. The surviving competent adult child or the majority of the surviving competent adult children.
6. The surviving competent parent or parents.
7. The surviving competent adult sibling or the majority of the surviving competent adult siblings.
8. The surviving competent adult or the majority of the surviving competent adults in the next degree of kinship.
9. A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
10. A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
11. The public administrator when the decedent has sufficient assets.

A person may direct in writing the disposition of his or her remains and specify the funeral goods and services desired. Unless there is a written statement to the contrary that is signed and dated by the person, these directions may not be changed in any material way except as required by law.

Name of Decedent

Indicate authority to make arrangements (#1-11)

By signing below you are stating that you have the right, duty and responsibility to make disposition arrangements, marker or monument arrangements, or disinterment arrangements for the decedent named above and that the foregoing information is true and correct under penalty of perjury under the laws of the State of California.

Authorized Signature

Date

Last Name

First name

Street Address

City

State

ZIP

Phone

E-mail

If signed outside the presence of MCMP staff, affix a NOTARY STAMP below.