



**AUTHORIZATION TO ISSUE PERMIT
FOR REMOVAL OF CREMATED OR INTERRED HUMAN REMAINS**

**Ventura County Health Department
Ventura, California**

Date: _____

To whom it may concern:

This is to certify that I am a legal custodian of the cremated or interred remains of

_____ and I hereby authorize and request a
Name of decedent
 permit to be issued for the removal of said remains from _____
Residence or cemetery
 _____ for interment
Street address / City / State / Zip code
 in/at _____
Cemetery or residence and full address

Date of Death	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Place of Death	Place of Birth	Cremated remains Yes <input type="checkbox"/> No <input type="checkbox"/>	

The aforementioned information is represented as true and correct and I so declare it under penalty of perjury as if I had sworn to the truth and accuracy under oath. I agree to defend, hold harmless and indemnify all parties for any and all damages, claims or other liability which they may incur, including attorney's fees in reliance upon the representation made by me in this authorization.

Signature _____ Date _____

Print or type name _____ Relationship _____

Address _____

Phone _____