

TELOPHASE CREMATION SOCIETY FD-1272
7851 Mission Center Ct #104, San Diego, CA 92108

Certification By Surviving **Siblings**

The person or persons signing this document pursuant to the provisions of California Health & Safety Code Section 7100, certify that he/she/they is/are:

- {A} The sole surviving sibling of _____, deceased.
- {B} The sole surviving siblings of _____, deceased,
and
- {C} That we constitute a majority of the surviving siblings of the above mentioned deceased, or
- {D} That I/we have used reasonable efforts to notify all other surviving siblings of our instructions regarding cremation/burial and disposition of the deceased, and are not aware of any opposition to these instructions on the part of one-half [1/2] or more of the siblings.

Signature Address: _____

Print Name Phone # (_____) _____

Signature Address: _____

Print Name Phone # (_____) _____

Signature Address: _____

Print Name Phone # (_____) _____

Signature Address: _____

Print Name Phone # (_____) _____

Signature Address: _____

Print Name Phone # (_____) _____