APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PEHMIT AFTER ONE TEAR FROM 1888 FORE	ω, ⋣π	DISPOSITION OTHER N/A	SCATTERING AT SEA 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION DISPOSITION	TRANSIT N/A	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	▼	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C.	CREMATION N/A	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C.	BURIAL N/A	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNA	H. TRANSIT TO OUTSIDE OF CALIFORNIA	B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA		BLE ITEMS	P.O. DRAWER H PENNITOS HOW FINAL TINDE DENDENCE. CA 93526	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 9E. AUDITESS OF REGISTION IS TO 15 DISPOSITION IS TO	\$7.00	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 67 00 00/19/1005	rized pursuant to Section 7100 of the Health and Safety Code.	BOX 755, LONE PINE, CA, 93546 FD 1026 on Signature of the dispositions authorized by	OWENS VALLEY MORTUARY	CALIF, LICENSE NUMBER	ENTER STATE	DOE TEATH OF TEATH OF TANKE	5	USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERAT	
YEAR FROM ISSUE DATE:	OF OF DISPOSITION. THE FERGISTRAR OF THE DISTRICT IN WHICH YS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH HE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL PROPERTY OF THE PR	THE BEBSON IN CHARGE OF DISPOSITION IS	DISPOSITION	A CONTRACTOR OF DEBROW IN		▼	DATE RECEIVED		DATE CREMATED	•	DATE BURIED 11C. SIGNATURE OF P	CALIFORNIA	INYO C	X I, DISPOSITION PENDING—HEMAINS L. (Name and Address)	FOR CORUNER 3 USE ONLY		ISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA	STRICT OF DISPOSITION—	00/19/1005 Jani	RMIT ISSUED, 9C. SIGNATURE OF LO	No. of the last of	CONTINUE OF	1. 4. 5. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	-	CALLE 6 NAME BELATIONSHIP, FULL MA	2. DATE OF BIRTH 3. UNIT DAY 1 TO THE OF DEATH 1. STATE OF DEATH 1	OR OTHER ALTERATIONS	