California Certificate of Religious Belief

Regarding Postmortem Examination of the Brain

California Government Code § 27491.43

Important: This certificate is intended only for a person whose religious convictions include the objections stated below. California law requires the person executing this certificate to be at least 18 years old.

Declarant

Full Legal Name: _____

Date of Birth: _____

Address: _____

I am at least 18 years of age.

Because of my sincerely held religious convictions, I object to postmortem procedures performed for death investigation that involve:

- opening or dissection of my skull;
- removal or dissection of my brain;
- removal of samples of brain tissue; or
- other invasive procedures that materially damage or disturb my brain.

These procedures would violate my religious convictions.

This objection does not apply to procedures that I have voluntarily authorized as part of my anatomical gift to **Sparks Brain Preservation**, including procedures undertaken by or on behalf of Sparks Brain Preservation for brain preservation and research.

If a death investigation is required, I request that it be conducted, to the extent permitted by law, without the procedures identified above and with the least possible disturbance of my brain, as well as being concluded as rapidly as possible.

I intend this document to constitute a **Certificate of Religious Belief under California Government Code § 27491.43**.

Signature

Signature: _____

Date: _____

Witnesses

I declare that the person named above signed and dated this certificate in my presence.

Witness 1

Signature: _____

Print Name: _____

Residence Address: _____

Witness 2

Signature: _____

Print Name: _____

Residence Address: _____