

RE: (name of deceased) _____

CURRENTLY LOCATED AT: _____

Please check one of the following: A death has occurred A death is imminent (will be happening soon)

INSTRUCTIONS:

The forms listed below should have been printed out with this cover sheet. These forms are required by the State of California to authorize cremation. Each form's purpose is described below for your information. Check the forms over thoroughly, then sign, initial, or otherwise complete the forms wherever indicated with these graphics: **FILL** **SIGN** **INITIAL** **DATE** **YEAR** **MONTH**

Then fax the signed and completed forms with this cover sheet to California Cremation Centers.

11 PAGES INCLUDING COVER:

CALIFORNIA CREMATION CENTERS STATEMENT OF FUNERAL GOODS & SERVICES

This Contract outlines the services you're ordering and their cost.

VITAL INFORMATION FORM

This form is used to collect the information required to complete the non-medical portion of the official Death Certificate.

AUTHORITY FOR CREMATION (PG. 1, 2 & 3)

This form authorizes California Cremation Centers to handle the cremation of the deceased.

HOSPITAL, CORONER, OR MEDICAL EXAMINER RELEASE

This form is required to remove the remains from the place of death or storage facility.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

This form describes the details of the final disposition of the cremated remains.

DISCLOSURE OF PRENEED FUNERAL AGREEMENT

This form makes explicit the existence, or in the case of California Cremation Centers, the absence, of a preneed arrangement.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

This form serves as written confirmation of the custodian's desires regarding embalming.

ALSO INCLUDE:

COPY OF PICTURE ID FOR EACH PERSON SIGNING.

COPY OF DURABLE POWER OF ATTORNEY FOR HEALTHCARE (IF APPLICABLE)

COPY OF CALIFORNIA REGISTERED DOMESTIC PARTNERSHIP CERTIFICATE (IF APPLICABLE)

PAYMENT VOUCHER



Name of Deceased _____

PRIVATE CREMATION

- Simple Cremation \$ 469.00
• Preparing unembalmed remains for an ID Viewing Limited to a MAXIMUM of 6 persons for 1 hour \$ 200.00
• Additional Mileage based on area _____ (see next page) \$ _____

ADDITIONAL OPTIONS

- Removal of implanted devices, containing batteries such as a pacemaker \$ 95.00
• Rush cremation fee (Within 3 days of receiving disposition permit) \$ 350.00
• Witness cremation (6 persons, 15 minutes, minimal preparation, at crematory) \$ 350.00
• Crematory weight surcharge (see chart next page for detailed pricing over 250 lbs.) \$ _____
• Second person for removal from home or non-institutional location \$ 85.00

MERCHANDISE

- Urn Selected _____ Plastic Urn (\$20 each) _____ Basic Wood (\$75 each) \$ _____

(Please see californiacremationcenters.com/shop/ for current selection and pricing.)

DISPOSITION OPTIONS

- Shipping by certified registered receipt mail \$ 49.00
• Sea scattering (non-witnessed, non-recoverable off coast of Orange County) \$ 95.00
• Placement of cremated remains in urn provided by family \$ 45.00
• Veteran cemetery placement (completing paperwork for a family directed service) \$ 95.00

COUNTY / STATE FEES

- Certified copy of the death certificate (\$14 each) # _____ \$ _____
• California disposition burial / cremation permit \$ 11.00
• State of California Department of Consumer Affairs fee \$ 8.50
• Coroner fee (see chart next page) \$ _____
• Sales Tax on merchandise (8.0%) \$ _____

TOTAL AMOUNT DUE \$ _____

TYPE OF PAYMENT _____ Check _____ Credit Card

CREDIT CARD INFORMATION

_____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number _____ Exp date _____ (mm/yy)

Name on card _____ Security V-Code _____

Mailing address on card _____

_____ Telephone Number _____

Signature of Cardholder _____

ADDITIONAL TRANSPORTATION



TRANSPORTATION SELECTED

- Transportation

\$ _____

(Please see californiacremationcenters.com/shop/ for current selection and pricing.)

CREMATORY WEIGHT SURCHARGE AND HEAVY DUTY CREMATION CONTAINER

| | |
|-----------------------|-----------|
| (251 - 350 lbs) | \$ 450.00 |
| (351 - 450 lbs) | \$ 650.00 |
| (451 - 550 lbs) | \$ 950.00 |

CORONER FEE (IF AT CORONER'S OFFICE)

| | |
|-----------------------------|-----------|
| San Bernardino County | \$ 250.00 |
| Riverside County | \$ 320.00 |
| Los Angeles County | \$ 200.00 |
| Orange County | \$ 318.00 |
| Ventura County | \$ call |

CALIFORNIA CREMATION CENTERS INC. ~ VITAL INFORMATION FORM



(Required for non-Medical portion of the Death Certificate)

Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.

| | | | | | |
|---|--|--|---|--|---|
| 1. NAME OF DECEDENT- FIRST | | 2. MIDDLE | | 3. LAST | |
| 4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST) | | | 5. DATE OF BIRTH mm/dd/yy | | 6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| 7. BIRTH STATE/ FOREIGN COUNTRY | | 8. SOCIAL SECURITY NUMBER | | 9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | |
| 10. OCCUPATION - Type of work most of life. DO NOT USE RETIRED | | 11. KIND OF BUSINESS (e.g. grocery store, education, etc.) | | 12. YEARS IN OCCUPATION | |
| 13. DECEDENT'S HOME ADDRESS (Street and number or location) | | | | | |
| 14. DECEDENT'S CITY OF RESIDENCE | | 15. COUNTY/PROVINCE | 16. YEARS IN COUNTY | 17. STATE/FOREIGN COUNTRY | 18. ZIP CODE |
| 19. MARITAL STATUS (Check One) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CALIF. REG. DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN | | | | | |
| 20. EDUCATION- HIGHEST LEVEL (refer to worksheet) | | 21. WAS DECEDENT SPANISH/HISPANIC/LATINO (if yes, see worksheet) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO | | 22. RACE (see worksheet) | |
| 23. NAME OF SPOUSE (If living) | | 24. MIDDLE | | 25. LAST (If wife, enter Maiden Name) | |
| 26. NAME OF DECEDENT'S FATHER- FIRST | | 27. MIDDLE | 28. LAST | | 29. BIRTH STATE |
| 30. NAME OF DECEDENT'S MOTHER- FIRST | | 31. MIDDLE | 32. LAST (Maiden Name) | | 33. BIRTH STATE |
| 34. FINAL DISPOSITION (Check One) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER | | | | | |
| 35. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE AND THEIR RELATIONSHIP, OR CEMETERY NAME & ADDRESS, OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED | | | | | |
| 36. INFORMANT'S NAME AND RELATIONSHIP | | | 37. INFORMANT'S MAILING ADDRESS (Street and number or location) | | |
| 38. INFORMANT'S CITY, STATE, AND ZIP | | | 39. INFORMANT'S PHONE NUMBER (with Area Code) | | |
| 40. PHYSICIAN'S NAME | | | 41. PHYSICIAN'S PHONE NUMBER | | |
| 42. PHYSICIAN'S ADDRESS | | | 43. PHYSICIAN'S CITY, STATE, AND ZIP | | |

I have read the above information, and state that it is true & correct, and release California Cremation Centers, Inc. from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ DATE: _____

SIGN

DATE

AUTHORIZATION FOR CREMATION & DISPOSITION

DECEDENT: _____ **SEX OF DECEDENT:** _____

(In this document the word "I" shall refer to all persons authorizing the cremation and disposition of the decedent.)
(In this document "CCC" shall refer to California Cremation Centers.)

I authorize Desert View Crematory (CR #122) or Southland Crematory - CCC (CR #304) (the "Crematory") to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. We reserve the right to choose which Crematory that will be used.

[NOTE: California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."]

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that (initial on all applicable lines):

- _____ I am making this authorization for myself. **INITIAL**
- _____ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).
- _____ I am the surviving spouse of the decedent.
I am the surviving California Registered Domestic Partner of the decedent.
- _____ I am (We are) the surviving child (children- all or majority).
_____ number of children. There being no surviving spouse/domestic partner.
- _____ I am (We are) the surviving parent (parents).
_____ number of parents. There being no surviving spouse/domestic partner or children.
- _____ I am (We are) all or a majority of the surviving sister(s) and brother(s).
_____ number of sisters and brothers. There being no surviving spouse/domestic partner, children, or parents.
- _____ I am (We are) all or a majority of the surviving niece(s) and nephew(s).
_____ number of nieces and nephews. There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- _____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.
- _____ I certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.

1. Cremation Container. The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.

2. Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

I certify that the remains of the Decedent **DO** _____ **DO NOT** _____ contain a mechanical or radioactive device.
(Place initials next to correct statement) **INITIAL**

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here: _____

I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent. **INITIAL:** _____ **INITIAL**

3. Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, jewelry, dental gold and silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize the Crematory to dispose of them.

4. The Cremation Process. I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

5. Time of Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9), and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed. The normal cremation process may take a minimum of 8 working days to a possible 18 days.

6. Viewing of Remains. In order to view the remains of the deceased, minimal preparation and charges apply in order to do so.

I WOULD like to make arrangements to view the deceased's remains _____ initials **INITIAL**

I DECLINE to make arrangements to view the deceased's remains _____ initials

7. Weight Limits. Due to limitations on the cremation chamber, the Crematory can not cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs, another crematory will be used, and additional charges will apply.

I certify that the Decedent is under 250 lbs. **YES** _____ **NO** _____ (Note: An additional charge will apply)
(Place initials next to correct statement) **INITIAL**

8. Disposition. I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent. We offer a minimum plastic urn to hold the cremated remains.

If you prefer you may supply your own urn or other container. Please note, however, that any container you provide should be durable and both leak- and break-resistant. INURNMENT FEE APPLIES.

Urn / Container Description for cremated remains: _____

(Please fill in correct statement) **FILL**

Deliver the remains to the following cemetery: _____
(Name, Address, and Telephone Number)

Release the remains to: _____
(Name & Telephone Number)

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Home may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to _____
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

_____ Scatter at sea in Pacific Ocean, non-witnessed, non-recoverable off coast of Orange County, via California Cremation Centers.
INITIAL (Initials required only if this option was selected)

[NOTE: I understand that the Funeral Home is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Home shall not be liable for any failure by the service named above to properly scatter the remains.]

9. Special Instructions. Indicate special instructions below, including request to witness the cremation:

Name of
Decedent: _____

Location of
Decedent: _____

Name of
Claimant: _____

Address of
Claimant: _____

_____ Phone no.: _____

I claim the right to control the disposition of the decedent's bodily remains.

I am not aware of any person who objects to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instructions by the decedent, or any contract for funeral services by the decedent that gives control of the disposition of the decedents remains to any other person.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature **SIGN**

Date **DATE**

DECLARATION FOR DISPOSITION OF CREMATED REMAINS



I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person Arrangements are for the possession of California Cremation Centers (800) 466-6110, we will select the designated crematory,
Desert View Crematory (CR #122) (760) 244-0007 or Southland Crematory (CR #304) and shall be disposed of in the following manner (Note 1):
(Please indicate NAME and ADDRESS where cremains will be taken to)

Manner, Location and Other Details of Disposition
Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____ FILL

Signed _____ Date _____
SIGN Person(s) with legal right to control disposition or Self, if prearranging DATE

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

Name of person(s) contracting for cremation services: _____

Signed _____ Date _____
SIGN Person(s) contracting for cremation services DATE

Signed _____ Lic. # _____ Date _____
Funeral Director, Employee, or Agent for Funeral Establishment If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau. This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.

NOTICE REGARDING CREMATED REMAINS

A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code.

DISCLOSURE OF PRENEED FUNERAL AGREEMENT



The funeral establishment, _____,
(funeral establishment name)

license number FD _____, DOES _____, DOES NOT _____ (check one) have a preneed arrangement, as defined below,

made by or on behalf of _____
(name of decedent)

If the funeral establishment does have a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

Signature of funeral establishment representative

Date

“Preneed arrangement,” “preneed agreement” or “preneed” is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

Funeral Establishment’s Responsibility – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834
916-574-7870

Signature of the survivor or responsible party

SIGN

Date

DATE

Print name of the survivor or responsible party

Signature of funeral establishment representative

Date

Print name of funeral establishment representative

Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
• Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING



TO: California Cremation Centers
(Funeral Establishment Name)

RE: (Decedent) I,

do do not (check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

AMBS Holding Facility, 1525 N. Waterman Ave., San Bernardino, CA 92404

(name and address of funeral establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: Relationship

SIGNED

Executed this day of at City State

DATE

MONTH

YEAR

CITY

STATE

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport Is Obtained Orally (by Telephone):

The above statement of authorization and notification was read to

Relationship, who did did not (check one) authorize embalming at the above named funeral establishment.

City State Phone Date and time authorization granted:

Signature of funeral establishment representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct. Executed this day of

at City State

Signed:

SIGNED