Ramsey Wallace Family Funeral Home & Chapel Inc. (FD 2137)
1600 Sacramento Inn Way Suite 235
Sacramento, CA 95815
(916) 891-0500

Authorization For Release

To:_____

_____

_____

Please release the remains of:

_____

To:
Ramsey Wallace Family Funeral Home and Chapel, Inc. (FD2137)

I/WE DECLARE UNDER PENALTY OF PERJURY THAT I/WE have the right to control the disposition of_____ in accordance with Health and Safety Code Section 7100.

Name:_____Relationship:_____

Address:_____City:_____

State:_____Zip:_____Phone:_____

Signature:_____Date:_____

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DEATH CERTIFICATE WORKSHEET

DECEDENT PERSONAL INFORMATION								
)Name of Decedent: First	2) Middle:	3) Last:	AKA:					
4) Date of Birth:	5) Age:	6) Sex:	7) Date of Death:			8) Hour:		
9) Birth State:	10) Social Security # :	11) US Armed Forces? :	Discharge Details:					
12) Marital Status:	13) Highest Education /Degree	14/15) Hispanic Origin:	16) Race:					
17) Usual Occupation: Job Performed most DO NOT USE "RETIRED"		18) Business/Industry:	19) Years in Occupation:					
20) Residence : Number and Street:								
21) City	22) County/Province	23) Zip Code	24) Years in County	25) State/Foreign Country				
DECEDENT FAMILY INFORMATION								
26) Informants Name, Relationship	27) Informants Mailing Address							
28) Name of Surviving Spouse/SRDP- First:	29) Middle	30) Last						
31) Name of Father/Parent- First:	32) Middle	33) Last	34) Birth State					
35) Name of Mother/Parent- First:	36) Middle	37) Last	38) Birth State					
FUNERAL HOME AND DIPOSITION INFO								
39) Disposition Date	40) Place of Final Disposition							
41) Type of Disposition	42) Signature of Embalmer	43) License Number						
44) Name of Funeral Establishment	45) License Number	46)Signature of Registrar	47) Date:					
101) Place of Death	102) If Hospital- IP, ER/OP, DOA	103)If not hospital:						
104) County	105) Location/Address Where Found	106)City						
Physicians Name:	Physicians Phone:	Physicians Fax:						

By submitting this form, I am affirming, under the penalties of perjury, that the information above is correct and accurate to the best of my knowledge. Any additions or corrections to the certified death certificates matching the information above will be made at my expense.

Informant's Signature: _____ Relationship: _____ Contact: _____

Informant's Name: _____ Date: _____

For more information on Funeral, Cemetery, and Cremation matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA, 95834, (916) 574-7870 www.cfb.ca.gov

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Acknowledgement

To: Ramsey Wallace Funeral Home

RE: _____

The undersigned hereby acknowledges the receipt of a copy of the following applicable items prior to any discussion or drafting of a contract for goods and services.

__X__ General Price List
__X__ Casket Price List
__X__ Consumer Guide to Funeral and Cemetery Purchases
_____ Outer Burial Container Price List
_____ Disclosure of Pre-Need Funeral Agreement
_____ Copy of Any Pre-Need Agreement (funded in full or in part)
_____ Declaration of Cremated Remains

Signed: _____ Date: _____

Authorization for Use of Media

I, _____, (☐ Do ☐ Do Not) grant Ramsey Wallace Funeral Home, It's directors and employees, non-revocable permission to capture images at my loved ones funeral service by photograph or any other media (video). I understand there will be no pictures of the open casket. I acknowledge that Ramsey Wallace Funeral Home (RWFH) will own such images and further grant permission to publish, use, modify such images in any manner whatsoever related to RWFH business, including without limitation, publications, advertisements, web site images, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of images by RWFH prior to its use. I forever release and hold RWFH harmless from any liability arising out of the use of the images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the images, including without limitation, claims for invasion of privacy rights or publicity.

Print Name: _____

Signature: _____ Date: _____

Address: _____

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Third Party Services

Services For:_____

Ramsey Wallace Funeral Home & Chapel Inc. has been requested to arrange for the following service(s) in connection with the disposition of the above named decedent.

_____Cremation Service
_____Limousine(s)
_____Motorcycle Escorts
_____Programs
_____Scattering of Ashes
_____Cemetery/Burial Arrangements
_____Horse Drawn Hearse
_____Dove Release
_____Balloon Release

I/we understand and acknowledge that Ramsey Wallace Funeral Home & Chapel Inc. is acting on my/our behalf in arranging the above selected services, and is not responsible for the actions or failure to act by the service providers.

Print Name:_____

Signature:_____

Date:_____

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Viewing Only Acknowledgement

I/We_____, acknowledge that I/We have selected a **Viewing Only** and have opted out of a funeral service and therefore have opted out of participating in activities reserved for funeral services.

A **Viewing Only**, is a 2-hour time slot (1pm-3pm or 2pm-4pm) where family and friends can walk through to say goodbye to their loved one. All chairs in our chapel will be stacked to the side so people can walk through freely. Music will be provided and played in the background for the duration of the viewing.

By signing this notice I/We understand and agree that for a **Viewing Only**, we will not be using the microphones and no preaching, scripture reading, singing, life reflections, or public speaking (etc.) will be taking place.

Print Name:_____

Signature:_____

Date:_____

Disclosure of Preneed Funeral Agreement

The funeral establishment, Ramsey Wallace Funeral Home & Chapel (funeral establishment name), license number FD 2137, **DOES ____, DOES NOT** X *(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 *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 TO ACCEPT OR DECLINE EMBALMING

TO: Ramsey Wallace Family Funeral Home & Chapel
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming 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, _____, do ☐ do not ☐ (check one) request embalming. I understand that for storage or embalming purposes the decedent may be transported to the following location:

Lind Brothers Funeral Home – 4221 Manzanita Avenue Carmichael, CA 95608
(Location Name and Address)

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

Signed: _____, Relationship to Decedent: _____

Executed this _____day of _____, _____, at Sacramento California_____.
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did ☐ did not ☐ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____
Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.
Executed this _____day of _____, _____, at Sacramento Ca_____.
(Month) (Year) (City and State)

_____ _____
Funeral Establishment Representative (Print Name) Funeral Establishment Representative (Signature)