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 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:_____

Ramsey Wallace Family Funeral Home & Chapel FD 2137

Name of Deceased: Date of Death: Date of Service:

Professional Services	Price	Totals
BASIC SERVICES OF FUNERAL HOME AND STAFF	$2195	
EMBALMING (Posted Cases)	$795 $995	
DRESSING AND CASKETING	$395	
REFRIGERATION OF REMAINS Days_____x $75 =	$75/Day	
USE OF FACILITIES AND STAFF SERVICES	$495	
VIEWING AT RWFH Days_____x $495 =	$495/Day	
FUNERAL SERVICE	$495	
NATIONAL CEMETERY	$450	
SATURDAY SERVICE	$500	
SUNDAY SERVICE	$1000	
MEMORIAL SERVICE	$895	
Transportation		
TRANSFER OF DECEASED TO FUNERAL HOME	$495	
USE OF FUNERAL COACH (Hearse)	$450	
LIMOUSINE	$605	
ADDITIONAL MILEAGE		
Total of Professional Services:		
Merchandise		
CASKET PURCHASE (Casket prices$1295-$44,000)		
CASKET RENTAL	$1795	
URNS (Prices Vary) Selected Urn:		
REGISTER BOOK	$75/Each	
Selected Merchandise Sub Total:		
*Sales tax on Merchandise (7.25%) _____x .0725 =_____		
Total of Taxed Merchandise:		

Special Services	Price	Totals
FORWARDING REMAINS TO ANOTHER FUNERAL HOME	$3495	
RECEIVING REMAINS FROM ANOTHER FUNERAL HOME	$2895	
IMMEDIATE BURIAL		
DIRECT CREMATION	$1995	
Total of Special Services:		
Cash Advances		
CEMETERY CHARGES		
CREMATORY CHARGES		
OVERSIZE CREMATORY FEE (If weight over 325 lbs)	$695	
CLERGY HONORARIUM		
CORONERS FEE		
FLOWERS		
CERTIFIED DEATH CERTIFICATES _____X $24 =	$24/Each	
BURIAL PERMIT		
ESCORTS (TBD)		
LIVE STREAM SERVICE	$525	
TRIBUTE VIDEO	$350	
Programs		
8.5x11-Small, One Page Program 8.5x11-Small, Two Page Program 11x17-Large, Two Page Program	$375 $425 $675	
Total of Cash Advances:		
Total of Special Services: **Total of Taxed Merchandise:** **Total of Professional Services**		
Total of All Charges: (BALANCE DUE)		

X_____

Dr. Anthony Wallace FDR 2316

X_____

Ramsey Wallace Family Funeral Home & Chapel Inc. (FD 2137)

1600 Sacramento Inn Way Suite 235
Sacramento, CA 95815
(916)891-0500

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

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

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: _____

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

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:_____

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

Preparation Instructions

Name of Deceased:_____

FDIC:_____

SERVICE DETAILS

Date of Service:_____Time of Service:_____

Viewing:___MON___TUES___WED___THURS___FRI___SAT___SUN

Rosary/Wake: ( )YES ( )NO

Type of Service:

( )Catholic ( )Christian ( )Jehovah Witness ( )Buddhist

PREP

Clothing Available Date:_____Time:_____

Make-Up: ( )YES ( )NO Notes:_____

Nail Polish: ( )YES ( )NO Color:_____

Lipstick: ( )YES ( )NO Color:_____

Hair Styling: ( )YES ( )NO Notes:_____

SHIPPING INSTRUCTIONS:

Receiving Funeral Home:

Address:_____Phone:_____

Ramsey Wallace Family Funeral Home & Chapel Inc. (FD 2137)
1600 Sacramento Inn Way Suite 235
Sacramento, CA 95815
Phone (916) 891-0500
Fax (916)-891-0503

Cemetery Verification
Name of Deceased:
Date of Death:
Date of Service:
Time of Service:
Type of Service: (Check One) ( )Graveside ( )Chapel ( )Interment ( ) Entombment

Funeral Home Only
Date of Request:
Time of Request:
Requested By:

Cemetery Only
Name of Cemetery:
Date Received:
Time Received:
Received By:

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

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** ___ (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 FD2137**
(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 _____.
(Month) (Year) (City and State)

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

Cremation Container. Poly Cremation No· _____

AGREEMENT FOR CREMATION, CREMATION AUTHORIZATION AND DISPOSITION INSTRUCTIONS

The Authorizing Agent, as identified herein, and ;'The Funeral Establishment") enter into this agreement on the terms and conditions set forth below.

I. INFORMATION ABOUT IBE DECEDENT

Full legal name:_____.Age_____Sex_____Weight__ _

Last residence:_____

2. AUIBORITY OF AUTHORIZING AGENT

Authorizing Agent hereby represents and warrants that they are the person(s) having the legal right to control the disposition of the remains of the decedent.

Authorizing Agent's relationship to decedent:

Self: _____ Spouse: _____Child: _____(Authorizing Agent hereby states that they represent a majority of the children and are not aware of any opposition to these instructions to cremate by any of the other children surviving). Sibling (Authorizing agent hereby states that they represent the majority of the siblings and are not aware of any opposition to these instructions to cremate by any of the other surviving siblings).

Other relationship, describe:. _____

Based upon the foregoing, Authorizing Agent is the individual, (or individuals), legally authorized according to the laws of the State of California to execute this agreement and to arrange for the cremation and disposition of the cremated remains of the decedent. If any other living person who has the right to control the final disposition has not been notified, Authorizing Agent represents that reasonable efforts have been made to give such person notice, and that Authorizing Agent has no reason to believe that such person would object to the cremation of the decedent.

3. IMPLANTS

Lind Brothers will not cremate any human remains which contain any type of implanted pacemaker, mechanical, radioactive or silicon device. In the event the remains of the decedent contain such a device(s), the Authorizing Agent hereby directs the Funeral Director or its designees, to remove any such mechanical device(s) from the decedent prior to cremation and to dispose of such items in any lawful manner deemed appropriate. Lind Brothers will not cremate glass material, including that of eyeglasses. Such will be removed prior to cremation process. Authorizing Agent understands that mechanical prostheses, pins, dental work and other implants which may be present at cremation may be removed from the cremated remains after cremation.

Authorizing Agent hereby states the decedent: ----HAS or __ ., __ DOES NOT HAVE any radioactive device such as a pacemaker or defibrillator.

Further, if decedent has any other implanted device(s), please describe:_____

4. AUTHORIZATION

Authorizing Agent, hereby authorizes and requests Lind Brothers to cremate the human remains of the decedent and to arrange the final disposition of the cremated remains as herein so instructed in accord with and subject to its rules and regulations, and any applicable state or local or federal regulations. Lind Brothers Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. Authorizing Agent may make specific requests regarding the cremation which the funeral establishment and Lind Brothers may fulfill to the best of its ability to do so. Authorizing Agent expressly gives permission for: 1. The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations, (Section 7054.7(a) (1) California Health and Safety Code). 2. The processing of the cremated remains so that they are suitable for inumment within an um, (Section 7054.1 California H&S Code). 3. Authorizing agent understands that any jewelry, mementos or eyeglasses cremated may not be recoverable, (section 7051 H&S Code). Any material which is recovered shall be returned to the um when practicable unless otherwise instructed. 4. In the event of there being more cremated remains than the container provided, or the um which has been selected can hold the Authorizing Agent hereby directs Lind Brothers to place the balance of the cremated remains in a secondary container and have it attached to the original container in accordance with the Section 8345 of the H&S Code.

5. DISPOSITION

Authorizing Agent hereby instructs the funeral establishment to release, deliver or ship the cremated remains as follows: Release the cremated remains to the following person or cemetery: RELEASE **REMAINS** TO:

Name/Address/Phone:_____

_____

Deliver to the U.S. Postal Service or other common carrier the cremated remains for shipment to the following designated person for permanent disposition:

Name/Address/Phone_____

_____ Other: _-c----c-cc-----,------,---,c-----,------,c---,-----c-,-c--

Authorizing Agent understands that the services of the funeral establishment will have been fully completed when the cremated remains are delivered to the U.S. Postal Service or other designee herein noted. Authorizing Agent understands that ifno arrangements for the final disposition, release or transfer of the cremated remains are specified in this agreement, or if they are not carried out within 90 days of the decedent's date of death, the funeral establishment is authorized to arrange for the final disposition as required by law.

6. LIMITATION OF LIABILITY

Authorizing Agent hereby agrees to indemnify, defend and hold the funeral establishment and Lind Brothers, its officers, agents and employees of and from any and all claims, demands, cause of action, suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the Authorizing Agent to properly identify the human remains, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the Authorizing Agent or their designee to take possession of or make proper arrangements for the frnal disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedents' cremated remains, or any other action performed by the funeral establishment and Lind Brothers its officers, agents or employees, pursuant to this authorization, excepting only acts of gross negligence on the part of the funeral establishment or Lind Brothers I further acknowledge that "the human body bums with **the casket. container, or other materials 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 comingled with the cremated remains. Nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts ofresidue **from previous cremations, are removed together and crushed, pulveriz.ed, or ground to facilitate inumment 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." (Section 7054.7 of the California H&S Code). By executing this agreement as Authorizing Agent, the undersigned warrants that all representations and statements contained in this contract are true and correct, that these statements were made to induce Lind Brothers to cremate the hu= remains of the decedent, and that the undersiimed has read and understands the provisions contained in this greement and its exhibit.

Signature of Authorizing **Agent /J!.,** _____Date_____

Printed Name_____.Relationship_____

Address_____Telephone._____

Signature Funeral Home Representative_____Datre:::::::::::::::::::::::::,

Printed Name_____

See reverse for additional authorizing agent(s). I

For:.

Ramsey Wallace Funeral Home & Chaoel

••u ADDITIONAL AUTHORIZING AGENT(S)•u•

Signarure of Authorizing Agent ---------- Date_____

Printed Narne_____Relationship_____ __

Address._____Telephone_____

Signahrre of Authorizing Agent._____.Date_____ __

Printed Narne,_____ Relationship_____ __

Address._____Telephone_____

Signarure of Authorizing Agent._____.Date_____ __

Printed Name._____ Relationship_____

Address_____Telephone_____

Signature Funeral Horne Representative_____Date_

Printed Name._____

For:

Ramsey Wallace Funeral Home & Chapel

CREMATION DEFINITIONS

Section 7010 California Health and Safety Code
"Cremation" means the combination of all the following:
(a) Tne reduction of the body ofa deceased human to its essential elements by incineration.
(b} The repositioning or movement of the body or remains during incineration to facilitate the process.
(c) The processing of the remains after removal from the cremation chamber.

Section 7010.3 California Health and Safety Code
"Processing" means the removal of foreign objects, pursuant to Section 7051, and the reduction of the particle size of cremated remains by mechanical means including, but not limited to, grinding, crushing, and pulverizing to a consistency appropriate for disposition.

Section 7010.5 California Health and Safety Code
"Residue" means human ashes, bone fragments, prostheses, and disintegrated material from the chamber itself, imbedded in cracks and uneven spaces of a cremation chamber, that cannot be removed through reasonable manual contact with sweeping or scraping equipment. Material left in the cremation chamber, after the completion of a cremation, that can be reasonably removed shall be considered to be in excess **of "residue."**

Section 7002 California Health and Safety Code
"Cremated remains" means human remains after cremation *in* a crematory.

Section 7006.3 California Health and Safety Code
"Cremation chamber" means the enclosed space within which the cremation of human remains is performed.

Section 7006.5 California Health and Safety Code
Cremation container" means a combustible, closed container resistant to leakage of bodily fluids into which the body of a deceased **person is placed prior to insertion in a cremation chamber for cremation.**

Section 7006.7 California Health and Safety Code
"Cremated remains container" means a receptacle in which cremated remains are placed after cremation.

Section 7009 California Health and Safety Code
"Intennent" means the disposition of human remains by entombment or burial in a cemetery or, in the case of cremated remains, by inumment, placement or burial in a cemetery, or burial at sea as provided in Section 7117.

Section 7010.7 California Health and Safety Code
"Scattering" means the authorized dispersal of cremated remains at sea, or comingling in a defined area within a dedicated cemetery, in accordance with this chapter.

Section 7011 California Health and Safety Code
"Inumment" means placing cremated remains in a cremated remains container suitable for placement, burial, or shipment.

Section 7011.2 California Health and Safety Code
"P!acement"means the placing of a container holding cremated remains in a crypt, vauJt, or niche.

Section 7025 Califomia Health and Safety Code
"Disposition" means the interment of human remains within California, or the shipment outside of California. for lawful interment or scattering elsewhere, including release of remains pursuant to Section 10376.5.

FOR MORE INFORMATION ON FUNERAL, CREMATORY AND CEMETERY MAITERS, CONTACT:
THE DEPARTMENT OF CONSUMER AFFAIRS, FUNERAL & CEMETERY BUREAU
1625 NORTH MARKET BLVD., SUITE S208 SACRAMENTO, CA 95834 (916) 574-7870 (800) 952-5210 FAX (916) 574-8620

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of)_____ Name of Person arrangements are for ____ in the possession of Ramsey Wallace Family Funeral Home & Chapel Name of Funeral Establishment and Telephone Number will be cremated or hydrolyzed by Lind Brothers Funeral Home 916-515-8654 Name of Crematory or Hydrolysis Facility and Telephone Number and shall be disposed of in the following manner[1]: _____

Manner Location and Method of Disposition

Attach additional pages if necessary

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

Signed _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

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 or hydrolysis services: _____

Signed _____ **Date** _____
Person(s) contracting for cremation or hydrolysis services

Signed _____ Lic# ____ **Date** _____
Funeral Director, Employee, or Agent of Funeral Establishment
If a Funeral Director

IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. Failure to complete this form may result in disciplinary action by the Bureau. lJwi.. declaration does not replace the written authorization to cremate required by Health and Safety Code sections 2110 and 2111.

NOTICE REGARDING CREMATED OR HYDROLYZED HUMAN REMAINS

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

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685. 2.

[1] See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.
[2] See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

Name of the Deceased:_____

Reason Visual Identification Not Performed:_____

_____

Describe Alternative Methods Used to Confirm Identification (i.e. photographs, scars, tattoos):

_____

Name of Deceased

Hereby agree to indemnify and hold Lowest Cost Cremation and Burial and its officers, directors, shareholders, affiliates, agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action {including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

_____	_____
Signature	Relationship to the Deceased
_____	_____
Printed Name	Date
_____	_____
Witness {Signature of Funeral Home Representative)	Printed Name