VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)

PLEASE TYPE OR PRINT CLEARLY

1. NAME OF DECEDENT-FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)

4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST	5. DATE OF BIRTH	6. SEX

7. BIRTH STATE/ FOREIGN COUNTRY	8. SOCIAL SECURITY NUMBER	9. EVER IN U.S. ARMED FORCES?
		❑ NO ❑ YES ❑ UNKNOWN

10. MARITAL STATUS

❑ NEVER MARRIED ❑ MARRIED ❑ CA. REG. DOM. PARTNER ❑ DIVORCED ❑ WIDOWED ❑ UNKNOWN

11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE

❑ 0 (DID NOT COMPLETE ONE YEAR) ❑ (GRADES 1-11) _____ GRADE ❑ GRADE 12, NO DIPLOMA ❑ H.S. DIPLOMA/ G.E.D. ❑ SOME COLLEGE (NO DEGREE)

❑ ASSOCIATE (e.g., AA, AS) ❑ BACHELOR'S (e.g., BA, AB, BS) ❑ MASTER'S (e.g., MA, MS, MEng, MEd, MBA) ❑ DOCTORATE OR PREOFESSIONAL (e.g., PhD)

14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE	15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED
❑ YES _____ ❑ NO	

16. USUAL OCCUPATION FOR MOST OF LIFE **DO NOT USE RETIRED OR UNEMPLOYED**	17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)	18. YEARS IN OCCUPATION

19. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)

20. CITY	21. COUNTY/PROVINCE	22. ZIP CODE	23. YEARS IN COUNTY	24. STATE/FOREIGN COUNTRY

25. INFORMANT'S NAME **(FIRST MIDDLE LAST)**	26. INFORMANT'S RELATIONSHIP	27. INFORMANT'S CONTACT NUMBER (WITH AREA CODE)

28. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER LOCATION)	29. INFORMANT'S CITY, STATE AND ZIP

30. NAME OF SURVING SPOUSE/SRDP-FIRST	31. MIDDLE	32. LAST **(MAIDEN NAME)**

33. NAME OF DECEDENT'S FATHER - FIRST	34. MIDDLE	35. LAST	36. BIRTH STATE

37. NAME OF DECEDENT'S MOTHER FIRST	38. MIDDLE	39. LAST **(MAIDEN NAME, NOT MARRIED NAME)**	40. BIRTH STATE

41. FINAL DISPOSITION **(CHECK ALL THAT APPLY)**

❑ BURIAL ❑ CREMATION ❑ ALKALINE HYDROLYSIS ❑ SCIENTIFIC USE ❑ TRANSIT

Name and Address of **California Cemetery**

Name and Address of California **Crematory/Alkaline Hydrolysis**

MONARCH CREMATORY, 1020 FULLER STREET, SANTA ANA CA 92701

Name and Address of California Facility Receiving Remains for **Scientific Use**

Name and Address in Receiving State or Country Where **Remains or Cremated Remains Are To Be Shipped**

Scattering/Burial At Sea or **Disposition Other Than A Cemetery**

WORKSHEET FOR EDUCATION AND RACE/ETHNICITY

DECEDENTS EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

Enter appropriate information in box No. 13

- ☐ 0-11th grade. Enter highest year completed:
- ☐ 12th grade, but no diploma. Enter **12 ND**
- ☐ High school graduate or GED completed. Enter **HS GRADUATE**
- ☐ Some college credit, but no degree. Enter **SOME COLLEGE**
- ☐ Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- ☐ Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MASTER'S**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Enter either **DOCTORATE** or **PROFESSIONAL**:

WAS DECEDENT HISPANIC/ LATINO(A)/SPANISH/?

If not Hispanic/Latino(a)/Spanish, check "No" in box No. 14/15.

If Hispanic/Latino(a)/Spanish, check "Yes" in box No. 14/15 and enter specific origin.

- ☐ No
- ☐ Yes, Mexican, Mexican American, or Chicano
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, other Hispanic/Latino(a)/Spanish
- ☐ Specify: _____

WHAT WAS DECEDENT'S RACE OR ETHNICITY? (Check one or more races to indicate what the decedent considered himself or herself to be)

Enter text for up to 3 races in box No. 16

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (North, South, and Central American Indian) Specify Tribe(s): _____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander Specify: _____
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian Specify: _____
- ☐ Other Specify: _____

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

I agree that any information left blank will be considered "Unknown".

SIGN HERE SIGNATURE: _____ DATE: _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, BEACH CITIES CREMATION SOCIETY, (funeral establishment name) license number FD 2093, **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.

BEACH CITIES CREMATION SOCIETY

Authorization for Release of Remains

Name, Address & Phone Number of Place of Death

_____

_____

_____ **Phone:** _____

Please read and answer all questions before signing.

WAS THE DECEDENT LEGALLY MARRIED AT THE TIME OF DEATH?_____
DOES THE DECEDENT HAVE ANY LIVING ADULT CHILEREN (18 years & over)?_____

HEALTH AND SAFETY CODE * CHAPTER 3 * CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) An Agent under Power of Attorney for Health Care (b) The surviving competent spouse. (c) The sole surviving competent adult child or majority of the adult children of the decedent. (d) The surviving competent parent or parents of the decedent. (e) The surviving competent adult person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (f) The Public Administrator when the deceased has sufficient assets.

"WARNING: THE PERSON SIGNING THIS ORDER FOR RELEASE IS LIABLE FOR ALL DAMAGES CAUSED BY ANY UNTRUTHFUL STATEMENTS CONTAINED IN THIS DOCUMENT. (HEALTH AND SAFETY CODE SECTION 7110)."

Please release the remains of the deceased, _____

To: Beach Cities Cremation Society, 500 E. IMPERIAL AVENUE, EL SEGUNDO CA 90245 including their agents.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed establishment: Monarch Crematory, 1020 Fuller Street, Santa Ana 92701 (holding center for cremation) OR Douglass Family Mortuary-3363 East Imperial Highway, Lynwood, California 90262 (holding for embalming).
The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

I Declare Under Penalty of Perjury that the foregoing is true and correct.

Signed: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Executed this _____ day of _____, _____ at City _____ State CA

500 E. IMPERIAL AVENUE, EL SEGUNDO CA 90245

Telephone (310) 640-9475 · Info@BeachCitiesCremationSociety.com · Establishment License Number FD 2093

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: BEACH CITIES CREMATION SOCIETY
(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:

DOUGLASS FAMILY MORTUARY, 3363 E. IMPERIAL HWY, LYNWOOD CA 90262
(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 _____ (Month), _____ (Year), at _____ (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 _____ (Month), _____ (Year), at _____ (City and State).

_____ Funeral Establishment Representative (Print Name)

_____ Funeral Establishment Representative (Signature)

CREMATION AUTHORIZATION

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION AND HYDROLYSIS MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SACRAMENTO, CA 95834. PHONE: (916) 574-7870.

AUTHORIZATION

I (We),the undersigned (the "Authorizing Agent(s)"), hereby request and authorize (name of funeral home) BEACH CITIES CREMATION SOCIETY (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at MONARCH CREMATORY (hereinafter referred to as the "Crematory") and accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

Name of Deceased _____ **Sex:** _____
Address: _____
Date of Birth _____ **Date of Death** _____

PACEMAKERS, DEFIBRILLATORS AND OTHER ELECTRONIC IMPLANTS

Electronic devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. All electronic implants must be removed prior to cremation.

I/WE Certify that the remains of the deceased Initial_____ DO Initial_____ DO NOT contain any type of implanted Mechanical or radioactive device

The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation and Funeral Establishment has been authorized to remove the devices:

Devices: _____

CREMATION PROCESS

Statutory definition pursuant to Health and Safety Code 7054.7(b): 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 amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment 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.

WITNESSED CREMATIONS

The crematory permits witness cremations by appointment only. It is assumed that the Authorizing Agent does not request a witness cremation of the herein named decedent. If a witness cremation is desired, the Authorizing Agent will arrange scheduling and participants through the Funeral Establishment.

I/We desire to identify the remains before cremation Initial _____ Yes Initial_____ No
I/We desire to witness the cremation process Initial _____ Yes Initial_____ No

CREMATORY

The undersigned authorizes the Funeral Establishment and Crematory to perform the cremation process at an alternate crematory should the Crematory be unable to cremate the decedent in a timely manner because of cremator repairs, malfunctions, weight limitations, backlog or other exigent circumstances.

CREMATION CONTAINERS

The Crematory and state law requires a durable container for the cremation. All cremation containers must be combustible, leak resistant and closed. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation.

CREMATION CONTAINER / CREMATED REMAINS CONTAINER PROVDED

Description of Cremation Container CARDBOARD CONTAINER

Description of Cremated Remains Container DURABLE URN

CREMATED REMAINS CONTAINERS

After the cremated remains have been processed, they will be placed in the designated cremated remains container. The Crematory will make a reasonable effort to put all of the cremated remains in the cremated remains container, with the exception of dust or other residue that may remain on the processing equipment. In the event the cremated remains container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate cremated remains container, which will secured to the primary cremated remains container unless the Authorizing Agent has requested splitting of the cremated remains for multiple dispositions. Adult cremated remains containers should have a minimum volume of 200 cubic inches.

DISCLOSURES, WARRANTIES, AND PERMISSIONS

By signing or electronically agreeing to this document, I(We) certify, understand and acknowledge the following:

That the deceased person named above has not given other specific directions concerning the disposal of his/her remains

That I(we) are the majority of the right holders of the Decedent; or otherwise have charge of the remains of the Decedent and possess full legal authority and power, according to the laws of the state to execute this authorization form and arrange for the cremation and disposition of the cremated remains of the Decedent;

That I(we) are not aware of legal objection to this cremation by any spouse, child, parent or sibling;

That incidental or inadvertent commingling of the cremated remains may occur, including the incidental commingling of the cremated remains resulting from the processing of the remains, and the disposal or recycling (with other residuals) by the Crematory of metal or other non human material recovered to which may be affixed bone particles;

That if I(we) wish to remove and/or retain any items from the remains, I(we) must do so directly or by designated representative prior to the cremation process;

That the cremation process may destroy dental gold, silver, jewelry, or mementos, and to that extent (a) understand that dental gold and silver, jewelry and mementos to the extent it may be identified may be returned to the cremated remains container and (b) understand that dental gold and silver, jewelry and mementos that cannot be identified may not be returned to the cremated remains container and hereby direct the crematory to dispose of unidentified dental gold and silver, mementos and jewelry in a lawful manner which may include recycling of surgical metal.

_____ (Initial)

INDEMNITY

I(We) declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the Funeral Establishment and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. (Health and Safety Codes 7110 and 7111) I agree to hold harmless, indemnify and defend the above named Funeral Establishment and Crematory as well as their representatives, directors, officers, agents, employees, shareholders, from and against all claims, liabilities, or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of cremated remains, the processing of remains, shipping of remains, any explodable implant, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

RIGHT TO CONTROL DISPOSITION

The right to control disposition of the remains of the deceased person vests upon the following in the order named:

1. The decedent by provisions in a Will or by a prearranged clear and funded contract with a funeral establishment.
2. The attorney in fact (agent) of a California Power of Attorney for Health Care.
3. The competent surviving spouse or California Secretary of State registered domestic partner.
4. A majority of the surviving competent adult children of the decedent.
5. The surviving competent parents of the decedent.
6. A majority of the surviving competent adult brothers and sisters of the decedent.
7. A majority of the competent adult persons in the next degree of kindred.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document.

Executed at _____, this _____ day of _____, 20_____.

Name_____ Signature_____

Relationship:_____ Phone No._____

Address: _____

Name_____ Signature_____

Relationship:_____ Phone No._____

Address: _____

Name_____ Signature_____

Relationship:_____ Phone No._____

Address: _____

Name_____ Signature_____

Relationship:_____ Phone No._____

Address: _____

Name_____ Signature_____

Relationship:_____ Phone No._____

Address: _____

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person arrangements are for

the possession of BEACH CITIES CREMATION SOCIETY - 310-640-9475 will be cremated or
Name of Funeral Establishment and Telephone Number

hydrolyzed by MONARCH CREMATORY - 714-243-8899 and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number

manner[1]: _____
Manner, Location and Other Detail 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 or 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 for 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. <u>This declaration does not replace the written authorization to cremate required by Health and Safety Code sections 7110 and 7111</u>.

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.