

ACCORD CREMATION AND BURIAL FD1591/FD1685
 STATISTICAL INFORMATION REQUIRED TO COMPLETE NECESSARY DOCUMENTS

(PLEASE PRINT CLEARLY)

NAME OF DECEDENT FIRST (GIVEN)		MIDDLE			LAST			
ALSO KNOW AS (FIRST,MIDDLE,LAST)		AGE Yrs.	DATE OF BIRTH	IF UNDER ONE YEAR		IF UNDER 24HOURS		SEX
				MONTHS	DAYS	HOURS	MINUTES	
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER	EVER IN US ARMED FORCES		MARITAL STATUS (AT TIME OF DEATH)		DATE OF DEATH	HOUR (24 HOURS)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
EDUCATION (HIGHEST LEVEL/DEGREE)	WAS DECEDENT HISPANIC/LATINO/SPANISH			DECEDENT'S RACE (UP TO 3 RACES MAY BE LISTED)				
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
USUAL OCCUPTION-TYPE OF WORK FOR MOST OF LIFE (DO NOT USED RETIRED)		KIND OF BUSINESS OR INDUSTRY				YEARS IN OCCUPATION		
DECEDENT'S RESIDENCE (STREET NUMBER OR LOCATION)								
CITY	COUNTY/PROVINCE			ZIP CODE		YEARS IN COUNTY	STATE/FOREIGN COUNTRY	
INFORMANT'S NAME,RELATIONSHIP				INFORMANT'S MAILING ADDRESS(STREET,NUMBER,CITY,STATE,AND ZIP)				
NAME OF SURVING SPOUSE (FIRST)		MIDDLE			LAST (MAIDEN NAME)			
NAME OF FATHER (FIRST)	MIDDLE			LAST		BIRTH STATE		
NAME OF MOTHER (FIRST)	MIDDLE			LAST (MAIDEN)		BIRTH STATE		

I VERIFY THE ABOVE INFORMATION IS SPELLED CORRECTLY.

SIGNATURE

As your funeral director, we initiate the certificate based on the information you have provided. We deliver the certificate to the attending physician, who by law, must certify the cause of death. We then file the certificate with the local Health Department Office. THE AVAILABILITY OF CERTIFIED COPIES WILL DEPEND UPON THE SCHEDULE OF THE HEALTH DEPARTMENT. Normally, allow about ten county working days to receive the certified copies you request after the certificate is filed.

Certified copies of the death certificate are a service provided by the Health Department at (presently) \$_____ per copy. We will order the number of copies you request when we file the original document. You can always obtain additional certified copies if you need them.

Examples of items that may require a "Certified Copy" are:

- ** Social Security ** Life Insurance Policies ** Pension Funds
- ** Bank Accounts ** Saving Accounts ** Certificates of Deposit
- ** County Recorders Office (Property) ** Department of Motor Vehicles (Automobile) ** Securities (Stocks & Bonds)

Number of certified copies you would like us to order? _____ Mail Certified Copies to Next Kin Above
 Mail Certified Copies to _____

Release Authorization

TO: Hospital, Nursing Home, Coroner _____

I here authorize and request the release of the remains of: _____

to ACCORD CREMATION AND BURIAL SERVICES including its agents.

Signature

Relationship

Address

Phone

Death Certificate Order Disclosure



To the families that we serve,

We intend to convey the procedure we take to ensure your Death Certificate order gets properly executed from our office.

- Mail-out orders from our business office can take two to four weeks from the date the Death Certificates become registered with the state of California. Some orders may take longer depending on the designated Health Department and county of death. Please be aware of these facts when placing your order through our establishment.
- Accord Cremation and Burial Services, its agents, and employees will be held harmless from any liability for your order not being delivered. If you choose to place your order by mail-out request on your own, ask your counselor for an application, and they will be more than accommodating to issue you the form.
- Please keep in mind that we provide this service to you as a one-time courtesy if you decide to proceed with processing your order.
- Accord Cremation and Burial Services cannot be liable for your order once it is mailed out from our offices via United Postal Service. Should you experience a delay or believe your mail does not get delivered from your local post office, you are encouraged to file a claim with the **Post Office Inspector** to resolve this matter by calling their toll-free number **(877) 876-2455**.

Standard protocol for mail-out Death Certificates orders from our business offices is as follows:
<i>a) Completion of the Death Certificate application form</i>
<i>b) Postage paid envelope addressed to the party receiving the order</i>
<i>c) Enclosed payment (Certified copies of the Death Certificates are \$24.00 each, Disposition Permit per Burial/Cremation is \$12.00)</i>
<i>d) Addressed envelope of Health Department designated to process the order</i>
<i>e) Once we have mailed out your order, the Health Department will process your order accordingly and send the certified copies directly to you.</i>

I understand and comply with the above statement disclosure. And because this agreement will not hold Accord Cremation and Burial Services, its agents, and employees liable for any loss and delays of my order not being delivered.

Signature:

Date:

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _____
(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:

(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 _____.
(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)

Counselor:

SERVICE PLANNING FORM

File#

First Name: _____	Middle _____	Last _____	DOD _____	Time _____	Sex _____
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Service One
Day _____ Date _____ Hour _____

Place _____
Address _____

Interment _____
Address _____

Casket Bearers _____
Music _____
Officiant _____ Phone _____
Church _____
Religion _____ Lodges _____
Funeral Coach _____
Place / Time / Driver _____
Service Vehicle _____
Limo To _____

Call Time _____
Family Name _____
Phone _____
Cross Street _____
Escorts (min. of 2) _____
Additions/Changes _____

Visitation

Day _____ Date _____ Hour _____
Instructions _____

Deceased at _____ Ready By _____

Forwarding/Receiving Of Deceased

Deceased at _____ Ready By _____
Lvs Via _____ Hour _____
Day _____ Date _____
Arr Via _____ Hour _____
Day _____ Date _____
Lvs Via _____ Hour _____
Day _____ Date _____
Arr Via _____ Hour _____
Day _____ Date _____

Rec. Mort. _____
Address _____
Phone _____

Rec. Mort. Notified _____ Ck.Req. _____
Contact _____

Service Two
Day _____ Date _____ Hour _____

Place _____
Address _____

Interment _____
Address _____

Casket Bearers _____
Music _____
Officiant _____ Phone _____
Church _____
Religion _____ Lodges _____
Funeral Coach _____
Place / Time / Driver _____
Service Vehicle _____
Limo To _____

Call Time _____
Family Name _____
Phone _____
Cross Street _____
Escorts (min. of 2) _____
Additions/Changes _____

Preparation Instructions

Embalming/Refrigeration (Circle One) To Be Done At _____
Other Preparation/Instructions _____

Hold/Transfer _____

Personal Effects

Jewelry _____
Religious Items _____
Disposition of effects _____
Clothing _____
Cosmetics _____
Casket/Alt. Container _____
Special Instructions _____

I Have read and verify that the above information is accurate as given and arranged for

Signed: _____ Date: _____

