

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	
				MONTHS	DAYS
				IF UNDER 24HOURS	
				HOURS	MINUTES
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER	EVER IN US ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARITAL STATUS (AT TIME OF DEATH)	DATE OF DEATH
					HOUR (24 HOURS)
EDUCATION (HIGHEST LEVEL/DEGREE)	WAS DECEDENT HISPANIC/LATINO/SPANISH <input type="checkbox"/> YES <input type="checkbox"/> NO		DECEDENT'S RACE (UP TO 3 RACES MAY BE LISTED)		
USUAL OCCUAPTION-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

Address

Relationship

Phone

Death Certificate Order Disclosure

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

•Mail-out orders processed by first-class mail from our business office can take two to four weeks from the date the Death Certificates are registered with the state of California. This processing time is due to the necessary verification and approval processes. Some orders may take longer depending on the designated Health Department and the county of death. Please be aware of these facts when placing your order through our establishment.

•Accord Cremation and Burial Services, along with its agents and employees, will be held harmless from any liability regarding the non-delivery of your order. Additionally, you can opt for certified mail with tracking information for an extra courier fee (please refer to our Total Price Options List, which highlights our document courier fees). If you choose to order independently through a mail-out request, please know we are here to assist you. Ask your counselor for an application; they will gladly provide the form.

•Please remember that we offer this service as a one-time courtesy if you decide to proceed with processing your order. We are committed to providing you with the best possible service and will assist you throughout this process.

•Accord Cremation and Burial Services cannot be liable for your order once it has been mailed out from our offices via the United States Postal Service. Should you experience a delay or believe your mail is not being delivered from your local post office, you are encouraged to file a claim with the Postal Service by calling the National Materials Customer Service at 1-800-332-0317 (6 AM to 6 PM CT, closed on weekends and federal holidays) and requesting a Domestic Claim PS Form.

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 \$26.00 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	
Service One				Service Two							
Day		Date		Hour		Day		Date		Hour	
Place _____						Place _____					
Address _____						Address _____					
Interment _____						Interment _____					
Address _____						Address _____					
Casket Bearers _____						Casket Bearers _____					
Music _____						Music _____					
Officiant _____ Phone _____						Officiant _____ Phone _____					
Church _____						Church _____					
Religion _____ Lodges _____						Religion _____ Lodges _____					
Funeral Coach _____						Funeral Coach _____					
Place		/		Time		/		Time		/	
Driver											
Service Vehicle _____						Service Vehicle _____					
Limo To _____						Limo To _____					
Call Time _____						Call Time _____					
Family Name _____						Family Name _____					
Phone _____						Phone _____					
Cross Street _____						Cross Street _____					
Escorts (min. of 2) _____						Escorts (min. of 2) _____					
Additions/Changes _____						Additions/Changes _____					
Visitation						Preparation Instructions					
Day _____		Date _____		Hour _____		Embalming/Refrigeration (Circle One) To Be Done At _____					
Instructions _____						Other Preparation/Instructions _____					
Deceased at _____ Ready By _____						Hold/Transfer _____					
Forwarding/Receiving Of Deceased						Personal Effects					
Deceased at _____		Ready By _____		Hour _____		Jewelry _____					
Lvs Via _____		Day _____		Date _____		Religious Items _____					
Arr Via _____		Day _____		Date _____		Disposition of effects _____					
Lvs Via _____		Day _____		Date _____		Clothing _____					
Arr Via _____		Day _____		Date _____		Cosmetics _____					
Rec. Mort. _____						Casket/Alt. Container _____					
Address _____						Special Instructions _____					
Phone _____											
Rec. Mort. Notified _____ Ck.Req. _____											
Contact _____											

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

Signed: _____

Date: _____

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

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.