

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 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:	
a)	<i>Completion of the Death Certificate application form</i>
b)	<i>Postage paid envelope addressed to the party receiving the order</i>
c)	<i>Enclosed payment (Certified copies of the Death Certificates are \$24.00 each, Disposition Permit per Burial/Cremation is \$12.00)</i>
d)	<i>Addressed envelope of Health Department designated to process the order</i>
e)	<i>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)

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned has (have) contracted with **ACCORD Cremation & Burial Services** for disposition of the remains of _____ (“decedent”).

The undersigned desire(s) to have the remains of decedent cremated.

Therefore, the undersigned, hereby request and authorize Family Crematory, or their duly authorized agent (‘crematory’), in accordance with and subject to their rules and regulations as well as those of the State of California, to cremate or cause to be cremated the remains of the decedent.

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that **check and initial applicable box**

- ____ ☐ I am making this authorization for myself.
- ____ ☐ I am the surviving spouse of the decedent.
- ____ ☐ I am (We are) the surviving child (children- all or majority) _____ number of children. There being no surviving spouse.
- ____ ☐ I am (We are) the surviving parent (parents) _____ number of parents. There being no surviving spouse or children.
- ____ ☐ I am (We are) all or a majority of the surviving sister(s) and brother(s) _____ number of sisters and brothers. There being no surviving spouse, children, or parents.
- ____ ☐ I am (We are) all or a majority of the surviving niece(s) and nephew(s) _____ number of nieces and nephews. There being no surviving spouse, children, parents, sisters and brothers.
- ____ ☐ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.
- ____ ☐ I am the executor of the Estate. (Attach a copy of Will or court appointment.)
- ____ ☐ I have a durable power of attorney authorizing me to act on the decedent’s behalf. (Attach a copy of the durable power of attorney)
- ____ ☐ _____

I (We) certify and represent that I (We) have the right to authorize the cremation, processing, and disposition of the deceased, and agree to hold ACCORD Services and the crematory harmless from liability on account of said authorization.

I (We) acknowledge that we have been informed that the cremation process is performed by placing the casket or other container with the deceased in it in a cremation chamber where the temperature is raised to about 926.6 degrees Celsius (1700 degrees Fahrenheit) which is about the temperature used in firing china or bricks. After about one and one-half hour all substances are burned or driven off except bone fragments since the temperature is not sufficient to consume all of the bone structure which is composed largely of metal calcium. Upon completion, the remains are scraped out of the chamber. The crematory makes a reasonable effort to remove all the remains from the chamber, but it is impossible to remove all, some dust and other residue from the process are always left behind. The remains removed consist of bone fragments of varying sizes. To allow these fragments to fit into containers, they are crushed to a uniform size. After this the crematory makes reasonable effort to put all remains in the container with the exception of dust and other residue which may remain on the equipment.

The human body burns with 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 contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amounts 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.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as anybody prostheses or dental bridgework), that are left with the decedent and not removed from the casket or container prior to the cremation will be destroyed or will otherwise not be recoverable. As the casket or container will usually not be opened by the Crematory, any such possessions or valuables must be removed prior to the time the decedent is transported to the Crematory.

Urn or Container Description: **(initial one)**

- ____ ☐ Cardboard (*For Scattering Only*)
- ☒ Plastic
- ____ ☐ Copper Box
- ____ ☐ Urn Describe: _____

Cremation Container/Casket Description: **(initial one)**

- ☒ Cardboard (*Alternative Container*)
- ____ ☐ Flat Top Casket
- ____ ☐ Raised Flat Top Casket
- ____ ☐ Casket Describe: _____

I authorize the crematory to release the cremains to ACCORD Cremation and Burial for disposition:

(Check and initial one)

- ☒ Release to _____ Phone # _____
- ____ ☐ Scatter at Sea by ACCORD Services or its agents. (*cremains are non-recoverable*)
- ____ ☐ Deliver by Registered Return Receipt Mail to: _____

I/We release the funeral home from all responsibility upon delivery to the Post Office.

When cremating, the crematory will exercise reasonable efforts in keeping cremated remains separate. However, because it is impossible to guarantee or warrant that some bone particles or the residue of one cremation could not possibly be mixed with those of another. I (We specifically give express permission for: **(Initial each space)**

1. [] The cremation to take place including incidental or inadvertent commingling of the remains with residue to prior cremations (Section 7054.7 (a) (1) California Health and Safety Code). The processing of the remains including crushing or grinding of incidental commingling of the remains with residue from processing other remains (Section 7054.1 California Health and Safety Code).
2. [] In the event the cremated remains do not fit in the urn/container chosen, I (We) direct the crematory to return the balance of the remains to me in a second container (plastic urn).
3. [] I (We) authorize the crematory to make reasonable effort to recover all cremated remains from the furnace; to discard metal used in the construction of the casket, prostheses, and other metal; and to place in the cremation container/urn only cremated remains belonging to the deceased. I (We) do not hold the crematory responsible beyond reasonable effort. I (We) understand that if it is my intention to save any items, it is my responsibility to remove them before cremation. No remains will be accepted for cremation with any type of jewelry.
4. [] Mechanical devices, implants, and certain nuclear medicine residues in the Decedent may create a hazardous condition when placed in the cremation chamber and subjected to heat. The Crematory may not cremate any human remains which contain any mechanical devices, implants, or if deceased was previously treated with Strontium_89. The following list describes all devices (including mechanical, prosthetic or radioactive implants or materials) which may be implanted in or attached to the Decedent: _____
5. [] I (We) authorize ACCORD Cremation and Burial Services to remove and dispose of a pacemaker if I/We list it on the above line. I/We agree to indemnify ACCORD Cremation and Burial Services, its agents and employees, against any loss from any claims demands or damages which may be or declared against it or them by reason of our failure to timely disclose the existence of mechanical devices and implants.
6. [] I (We) agree to indemnify, release and hold the crematory, its employees, agents, and its assigns, harmless from any loss damages, liability or cause of action (including attorney' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased, as authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.
7. [] In the event the cremated remains are not picked up within 20 days of the cremation, upon written notice. ACCORD Cremation and Burial Services is authorized to dispose of the cremated remains in any manner it may deem suitable, at any time thereafter.
8. [] Due to limitations on the cremation chamber, the crematory cannot cremate anyone more than 250lbs I (We) verify that the deceased was not more than 250lbs. In the event the deceased is more than 250lbs another crematory will be used, and additional charges will apply.

I (We) are aware of no objections to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provisions of any contract or instruction made by the Decedent.

I (We) have either identified or waived my/our rights of identification as noted above of the human remains that were delivered to ACCORD Cremation and Burial Services as the Decedent and I (We) have authorized ACCORD Cremation and Burial Services to deliver the Decedent to the Crematory.

I (We) hereby agree to indemnify and hold harmless ACCORD Cremation and Burial Services, the Crematory, their officers, directors, agents and employees from any claim, liability, cost or expense resulting from ACCORD Cremation and Burial Service's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent.

By execution of this form below, and initials of appropriate spaces above, the undersigned(s) warrant(s) that all representations and statements contained in this form are true and correct. That these statements are being relied on by ACCORD Cremation and Burial Services and the Crematory and that the undersigned has/have read and understood the provisions of this document.

SIGNATURE	ADDRESS & PHONE #	RELATIONSHIP

This agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same Agreement. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart signature page shall constitute a valid and binding obligation of the party signing such facsimile counterpart.

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF ACCORD CREMATION AND BURIAL SERVICES, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION FOR EACH PERSON SIGNING, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED NOTARIZATION.

ACCORD CREMATION AND BURIAL SERVICES REPRESENTATIVE: _____ DATE: _____ 20_____.

**FOR INFORMATION REGARDING CEMETERY AND CREMATION MATTERS, CONTACT:
STATE CEMETERY BOARD/DEPARTMENT OF CONSUMER AFFAIRS/CEMETERY AND FUNERAL BUREAU
1625 N MARKET BLVD STE.S-208, SACRAMENTO, CA 95834 PHONE (916) 574-7870.**

AUTHORIZATION FOR CREMATION AND DISPOSITION

LEGAL NAME OF DECEDENT: _____ GENDER: _____

FUNERAL HOME: _____

LAST KNOWN ADDRESS OF DECEASED: _____

PLACE OF FINAL DISPOSITION _____

INITIAL _____

I authorize Family Crematory to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains. [NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment of cremation." [HSC 7110] **He or she is personally liable for all damages occasioned.**

CHECK LEGAL RELATIONSHIP

_____ I am making this authorization for myself.

_____ I am the Agent and Durable Power of Attorney for Health Care
(attach a copy of the Durable Power of Attorney for Health Care or Advanced Healthcare Directive)

_____ I am the Surviving Spouse of the decedent.

_____ I am the surviving Registered Domestic Partner of the decedent.

_____ I am (We are) the Surviving Child (children- all or majority)
→→ _____ **number of children** There being no surviving spouse/domestic partner)

_____ I am (We are) the Surviving Parent (parents)
→→ _____ **number of parents** There being no surviving spouse/domestic partner or children.

_____ I am (We are) all or a majority of the Surviving Sister(s) and Brother(s)
→→ _____ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents.

_____ I am (We are) all or a majority of the Surviving Niece(s) and Nephew(s)
→→ _____ **number of nieces and nephews** There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.

_____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

_____ I am the Agent authorized by the Legal Next-of-Kin pursuant to California Health and Safety Code 7100.
See attached authorization form(s).

WITNESSED CREMATION The crematory permits witness cremation 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 participate through the Funeral Home/Cremation Society:

1. I/We desire to identify the remains before cremation:
(NOTE: Additional fee for ID Viewing applies)

INITIAL YES _____ NO _____

2. I/We desire to witness the insertion into the cremation chamber:
(NOTE: Additional fee for Witness Cremation applies)

INITIAL YES _____ NO _____

3. I/We desire to witness the entire cremation process:
(NOTE: Additional fee for Witness Entire Cremation Process applies)

INITIAL YES _____ NO _____

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber.
The Crematory will therefore not knowingly cremate any remains which contain such a device.

INITIAL _____

I certify that the remains of the Decedent **DO** _____ **DO NOT** _____ contain a Pacemaker /mechanical or radioactive device.
If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation.
I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

INITIAL _____

I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

INITIAL _____

I certify that the remains of the Decedent **DO** _____ **DO NOT** _____ contain any jewelry of any kind.

LEGAL NAME OF DECEDENT: _____ GENDER: _____

FUNERAL HOME: _____

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory cannot cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs., another crematory may be used, and additional charges will apply.

INITIAL I certify that the Decedent is under 250 lbs. **YES** _____ **NO** _____ (Note: If NO, additional oversized fees will apply)

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains.) No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

Retrieving Cremated Remains.
We will only release to the authorized person(s) that you have listed on the Cremated Remains Release Form. Valid photo ID is required.

ADDITIONAL FEE FOR SCATTERING WILL APPLY
[NOTE: I understand that the Crematory is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains.]

Cremation Container. The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate at the legal responsible parties' expense.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, clothing, jewelry, dental gold and silver, hinges, latches, nails, screws, staples, plates, metal prosthesis or implants and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as a metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. Any items on or about the deceased shall be cremated with the decedent and will be non-retrievable. Any personal property left in the crematory's care will be discarded after 20 days.

The Cremation Process. I acknowledge the following: 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 amounts 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.

Time of Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule, and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

Retrieving Remains. Purchaser agrees that if the cremated remains are not picked up within twenty (20) days after the cremation, we may ship the cremated remains to the authorizing agent without notice and use the credit card on file for the additional shipping fees or may deliver the remains to a licensed cemetery for final disposition, or release to the proper public administrator as abandoned remains which may make the cremated remains unrecoverable.

For more information on Funeral, Cemetery, and Cremation matters contact: State of California Department of Consumer Affairs / Cemetery and Funeral Bureau
1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

SIGNATURES: The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

SIGN PLEASE ATTACH A PHOTOCOPY OF VALID PHOTO IDENTIFICATION. IF NOT SIGNED IN FRONT OF FUNERAL HOME REPRESENTATIVE OR ELECTRONICALLY SIGNED, THIS DOCUMENT MUST BE NOTARTIZED OR SIGNED BY TWO WITNESSES.

DATE	SIGNATURE	PRINT NAME	RELATIONSHIP TO DECEDENT
------	-----------	------------	--------------------------

ADDRESS	PHONE NUMBER
---------	--------------

DATE	SIGNATURE	PRINT NAME	RELATIONSHIP TO DECEDENT
------	-----------	------------	--------------------------

ADDRESS	PHONE NUMBER
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DATE	SIGNATURE	PRINT NAME	RELATIONSHIP TO DECEDENT
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ADDRESS	PHONE NUMBER
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Funeral Home Witness Name _____ Signature _____

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 _____ will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by _____ and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number
manner¹: _____
Manner, Location and Other Detail of Disposition

Name of person(s) with the legal right to control disposition²: _____
Attach additional pages if necessary

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 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. This declaration does not replace the written authorization to cremate required by Health and Safety Code sections 7110 and 7111.

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.

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 / Driver			Place / 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 _____			Jewelry _____			
Lvs Via _____ Hour _____			Religious Items _____			
Day _____ Date _____			Disposition of effects _____			
Arr Via _____ Hour _____			Clothing _____			
Day _____ Date _____			Cosmetics _____			
Lvs Via _____ Hour _____			Casket/Alt. Container _____			
Day _____ Date _____			Special Instructions _____			
Arr Via _____ Hour _____						
Day _____ Date _____						
Rec. Mort. _____						
Address _____						
Phone _____						
Rec. Mort. Notified _____ Ck.Req. _____						
Contact _____						

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

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.