



Death Certificate Information Form

Fax (855) 223-0333

(Statistical information required by the State of California to prepare a State Certificate of Death and is kept strictly confidential)

Full Name (First, Middle, Last) _____

Legal Residence Address _____ City _____

County _____ Zip _____ Phone _____

☐ Male ☐ Female Number of years in county _____ Highest level of education (1-12, High School, BA, PhD, etc.) _____

☐ Married ☐ Never Married ☐ Divorced ☐ Widowed United States Veteran ☐ yes ☐ no (provide copy of discharge papers)

Birthplace (State or Foreign country) _____ Birth Date _____ Social Security # _____

Race _____ Occupation (present or before retirement) _____ Number of Years _____

Employer _____ Industry (kind of business) _____

Father's Name (First, Middle and Last) _____ Place of Birth _____

Mother's Name (First, Middle and Maiden) _____ Place of Birth _____

Spouse's Name (First, Middle and Maiden) _____

What is the FINAL disposition of the Remains? ☐ Home of the Informant ☐ Scatter at sea, off the coast of _____ county

☐ Burial at _____ Cemetery ☐ Other _____

Number of death certificates requested? ____ What is to be done with them? ☐ Mail to Informant ☐ Hold for Informant to pick up

☐ Other _____

Name of Person in charge of arrangements _____

Address _____ City, State, Zip _____

Relationship to Decedent _____ Phone ☐ Home ☐ Cell _____

Email address _____

By my signature below, I declare that all information above is true and correct, to the best of my knowledge. I accept responsibility for any information provided incorrectly. I authorize Best Choice Cremation to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

Signature _____ Date of signature _____

Tell us how you heard about us _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, BEST CHOICE CREMATION.COM,
(funeral establishment name)
license number FD 2190, **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.



BEST CHOICE
CREMATION.COM
FIRST IN CARE, FIRST IN SERVICE

Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to Best Choice Cremation. I am the nearest next of kin to the decedent, and declare by my signature below, that I have the full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, including Best Choice Cremation, its agents, employees and representatives, the care facility, its agents and representatives and all other parties, of any and all liability.

This release also pertains to any personal belongings of the decedent.

Signature of Next of Kin

Printed Name of Next of Kin

Address

City

State

Zip

Phone Number

Email address

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

9040 Telegraph Road, Suite 213 Downey, CA 90240
Phone: (800) 701-8505 Fax: (855) 223-0333
Web: www.bestchoicecremation.com
Email: info@bestchoicecremation.com FD-2190

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: BEST CHOICE CREMATION.COM
(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 _____, _____, 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)

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) BEST CHOICE CREMATION.COM (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 PROVIDED

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 be 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 BEST CHOICE CREMATION.COM - 800-701-8505 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
manner¹: _____
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition²: _____

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

Date _____

Signed _____
Person(s) with legal right to control disposition

Date _____

Signed _____
Person(s) with legal right to control disposition

Date _____

Name of person(s) contracting for cremation or hydrolysis services: _____

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

Date _____

Signed _____ Lic. # _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

Date _____

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.