



Advance Cremation Plans

Your decision...Then we handle it from here

Thank you for choosing All California Cremation. Families should have choices and receive dignified care even if they choose simpler arrangements.

Our mission is simple: "To offer an alternative to traditional funerals and to provide simple, affordable arrangements that can be personalized prior to death or by the family or loved ones."

All California Cremation is a locally owned and operated licensed establishment devoted to the simple, flexible and meaningful disposition and memorialization of a decedent. Our unique facility and operations allow us to provide positive, sensitive assistance to help relieve some of the stress during a difficult time.

Today, families who choose cremation are afforded many choices. Our aim is to provide a relaxed, caring resource to help you personally design cremation arrangements and memorialization options that will meet your individual needs.

As you compare prices and offerings, you will find a wide range between our price and others. We provide everything the others do, but, being independently family owned, we don't answer to stockholders regarding our profit. We are confident that we exceed everyone else's offerings at the lowest price around. We are sure you can find higher prices, but in the end, there are no differences, except the added personal service you receive from us.

The following easy to use forms and paperwork are for planning your individual cremation in advance. Once completed, email or fax back this paperwork to us and our advance need staff will follow up with you.

In compliance with the State of California, we place your funds in trust with National Guardian Life Insurance Company. These funds will always be in your name and refundable at any time. At the time of death, we use these funds to take care of the arrangements you have chosen. Once an Advance Plan is paid in full, we will carry out your wishes, and not ask your survivors for additional funds for what you chose.

We are always available to answer any questions that you have. Please contact one of our associates at (800) 575-0551, or email us at info@AllCaliforniaCremation.com.

All California Cremation

Advance Planning Department Mailing

Address: 73-700 Dinah Shore Drive Ste 304

Palm Desert, CA 92211

Phone (800) 575-0551

Fax (877) 575-8339

www.AllCaliforniaCremation.com

info@AllCaliforniaCremation.com



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ADVANCE ARRANGEMENTS FOR: _____ EMAIL ADDRESS: _____

Step One Select a Plan

Our Complete Cremation Plan Includes:

- ✓ Initial transferring the body to an All California Cremation Care Center.
- ✓ Shelter and Care for the body prior to cremation.
- ✓ Preparing the death certificate and permits.
- ✓ Coordinating with the local medical examiner/coroner if required.
- ✓ Administrative assistance for communications with the responsible parties.
- ✓ Managerial support to supervise and document the process.
- ✓ A cremation container in compliance with state regulations, in which the body is placed for cremation.
- ✓ The cremation process itself.
- ✓ Provision for pickup of the cremated remains by an authorized person at our affiliate arrangement locations.
- ✓ Cremation will take place within ten (10) days of receiving a California or local Disposition Permit.
- ✓ (Standard Cremation is based on deceased being under 300 pounds and having no battery operated devices implanted)

- Our Southern California Cremation Plan \$ 1250.00**
Includes our Complete Cremation Plan, along with the required California Cremation Disposition Permit, Hardwood Urn or Scattering at Sea off Coast of San Diego or at Joshua Tree Memorial Park (additional fees may apply), and required permits, applicable before need processing fees and sales tax
- Our Continental United States Cremation Plan \$ 1550.00**
Includes our Complete Cremation Plan, along with the required California Cremation Disposition Permit, Hardwood Urn or Scattering at Sea off Coast of San Diego, and required permits, applicable before need processing fees and sales tax.
In addition, this plan covers you while traveling outside Southern California to anywhere in the Continental United States.
- Our Worldwide Cremation Plan \$ 1750.00**
Includes our Complete Cremation Plan, along with the required California Cremation Disposition Permit, Hardwood Urn or Scattering at Sea off Coast of San Diego, and required permits, applicable before need processing fees and sales tax.
In addition, this plan covers you while traveling outside Southern California to anywhere in the world.
- Additional Veteran's Options for Veterans and their Spouses \$ 350.00**
In addition to one of the above options, this plan includes processing necessary paperwork for placement of the Veteran or their spouse in a National Cemetery, required permits, applicable before need processing fees and sales tax.

Once Paid in Full, Your Service Arrangements Are Guaranteed For Life

Step Two Information About You

ALL CALIFORNIA CREMATION - VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF A DEATH CERTIFICATE)



PLEASE TYPE OR PRINT CLEARLY

1. YOUR NAME -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? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE <input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PROFESSIONAL (e.g., PhD)					
14. ARE YOU HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			15. YOUR RACE - UP TO 3 RACES MAY BE LISTED		
16. USUAL OCCUPATION FOR MOST OF LIFE DO NOT USED RETIRED OR UNEMPLOYED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)		18. YEARS IN OCCUPATION	
19. YOUR RESIDENCE (STREET AND NUMBER OR LOCATION)					
20. CITY	21. COUNTY/PROVINCE	22. ZIP CODE	23. YEARS IN COUNTY	24. STATE/FOREIGN COUNTRY	
25. YOUR NEXT OF KIN'S NAME		26. YOUR NEXT OF KIN'S RELATIONSHIP		27. NEXT OF KIN'S CONTACT TELEPHONE NUMBER (WITH AREA CODE)	
28. NEXT OF KIN'S MAILING ADDRESS (STREET AND NUMBER LOCATION)			29. NEXT OF KIN'S CITY, STATE AND ZIP		
30. NAME OF SURVING SPOUSE/SRDP-FIRST		31. MIDDLE		32. LAST (MAIDEN NAME)	
33. NAME OF YOUR FATHER - FIRST	34. MIDDLE		35. LAST		36. FATHER'S BIRTH STATE
37. NAME OF YOUR MOTHER FIRST	38. MIDDLE		39. LAST (MAIDEN NAME)		40. MOTHER'S BIRTH STATE
41. FINAL DISPOSITION OF CREMATED REMAINS (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SCATTER BY FAMILY <input type="checkbox"/> SCATTER BY ACC (indicate at sea or at what cemetery below)					
42. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE, OR CEMETERY NAME AND ADDRESS OR COUNTY OF OCEAN WATER CREMATED REMAINS WILL BE SCATTERS IN.					

AUTHORIZATION FOR CREMATION AND DISPOSITION

DECEASED: _____
FUNERAL HOME: _____

SEX OF DECEDENT: _____

I authorize All Caring Cremations, Joshua Tree Memorial Park, or Cremation Centers of California (if deceased is over 250lbs), (the "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. He or she is personally liable for all damaged occasioned."]

CHECK **CHECK CORRECT RELATIONSHIP**

- ___ I am making this authorization for myself.
- ___ I am the Agent under a Durable Power of Attorney for Health Care
(*Authorized counselor **MUST INITIAL** verifying document is valid and legally confers 7100 Right*) **INITIALS:** _____
- ___ 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.

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 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 **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.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory must make special arrangements to cremate anyone in excess of 300 lbs. In the event the Decedent is over 300 lbs, another crematory may be used, and additional charges will apply.

INITIAL I certify that the Decedent is under 300 lbs. YES _____ NO _____
(Note: If NO, an additional charge may 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.

INITIAL CORRECT DISPOSITION BELOW

Disposition: **authorize the Crematory** to take the action I've indicated below with respect to the cremated remains.

Release the remains to: Funeral Home
 or Authorized Person(s) _____ Telephone _____

[NOTE: I understand that if the cremated remains are not picked up within twenty (20) days after the cremation, the Crematory may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to: _____
 (Name & Address) **ADDITIONAL FEE FOR MAILING WILL APPLY**

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are delayed, lost or damaged while in the custody of the U.S. Postal Service.]

Hand Deliver remains to: _____
 (Name & Address) **ADDITIONAL FEE FOR DELIVERY WILL APPLY**

Scatter at sea via the Crematory off the Coast of San Diego. 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 non-combustible 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.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, 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. All proceeds from recycling are used to reduce cost of cremation.

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.

FOR MORE INFORMATION ON FUNERAL, CEMETARY, AND CREMATION MATTERS CONTACT: STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS / CEMETARY AND FUNERAL BUREAU 1625 NORTH MARKET BOULEVARD, SUITE S-208, SACRAMENTO, CA 92834, (916) 574-7870.

SIGN

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF FUNERAL HOME OR CREMATORY, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE OR IF NO PHOTO ID WITH SIGNATURE, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

DATE _____ SIGNATURE _____ PRINT NAME _____ RELATIONSHIP TO DECEDENT _____

ADDRESS _____ PHONE NUMBER _____

DATE _____ SIGNATURE _____ PRINT NAME _____ RELATIONSHIP TO DECEDENT _____

ADDRESS _____ PHONE NUMBER _____

DATE _____ SIGNATURE _____ PRINT NAME _____ RELATIONSHIP TO DECEDENT _____

ADDRESS _____ PHONE NUMBER _____

Funeral Home Authorized 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 All California Cremation (800)575-0551 will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by Cremation centers of ca, All Caring, Wiefels or Joshua Tree Crematory (877)630-7191 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 _____ **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.

Step Three Payment



We offer two ways to pay:

CREDIT CARD

Type of Card: VISA Mastercard American Express Discover

Name of Cardholder (please print): _____ Telephone # _____

Card Number: _____ Expiration Date: _____

3 Digit ID # on Reverse of Card: _____ 4 Digit ID # on Front of American Express: _____

Credit Card Billing Address: _____

Signature of Purchaser / Cardholder: _____ Date: _____

Email Address _____

Fax Back To Us At: (877) 575-8339

CHECK

Mail your check or money order for the total amount selected along with this paperwork to us at:

ALL CALIFORNIA CREMATION
Advance Planning-Southern California
73-700 Dinah Shore Dr, Ste 304
Palm Desert, CA 92211

As part of California law, funds that we receive as part of your advance planning are placed within a funeral insurance policy in your name. The interest from this policy is how we are able to guarantee our prices in the future. If you should move from our area, your policy is fully transferable to another provider.

Once we receive these forms and payment from you, you will be mailed the funeral insurance paperwork for your signature along with an Emergency ID card. Please call us with any questions you have at (800) 575-0551.

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