



CREMATION SOCIETY OF LAGUNA

FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

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)

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 Cremation Society of Laguna 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 _____



**CREMATION SOCIETY
OF LAGUNA** FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

Release Authorization

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

to Cremation Society of Laguna. 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 Cremation Society of Laguna, 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

23046 Avenida de la Carlota #600, Laguna Hills, CA 9265

Phone: (888) 991-1120 * Fax: (855) 223-0333

Web: www.CremationLaguna.com * Email: info@CremationLaguna.com

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.

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)

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

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 or 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.

CREMATION AUTHORIZATION

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION 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) _____ (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 MACERA CREMATORY (hereinafter referred to as the "Crematory") and in 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 _____

Description of Cremated Remains Container _____

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: _____



CREMATION SOCIETY OF LAGUNA

FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

23046 Avenida de la Carlota #600
Laguna Hills, CA 92653
Phone: (888) 991-1120
Fax: (877) 445-2555
Web: www.cremationlaguna.com
Email: info@cremationlaguna.com

Statement of Funeral Goods and Services Selected

Services for _____ Date of Death _____ Date of Arrangements _____

Service Package Selected:

- Direct Cremation Cremation with ID Viewing Witness Cremation Funeral Service prior to Cremation
- Direct Burial Burial with Graveside Service Burial with Funeral and Graveside Service Other

A. Charge for Services

Basic Services of the Funeral Director and Staff _____
 Use of Facilities, Equipment and Staff for: _____
 Funeral/Memorial at Church _____
 Graveside Service _____
 ID Viewing _____
 Weekend, Holiday, Evening charges _____
 Transportation of Remains _____
 Additional Mileage charged over 40 miles ***** _____
 Funeral Coach (Hearse) for service _____
 Disposition Charges: _____
 Shipping Cremated Remains by US Mail _____
 Scattering at sea (Witnessed) _____

B. Service Packages

Direct Cremation _____
Direct Cremation with ID Viewing _____
Direct Cremation with Witnessing _____
Funeral Service prior to Cremation _____
Direct Burial _____
Burial with Graveside Service _____
Burial with Funeral and Graveside Service _____
Other _____

TOTAL CHARGES FOR SECTIONS A AND B _____

NOTES: _____

Notice Regarding Cremated Remains: A person having the right to control disposition of cremated Remains may remove the Remains in a container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code. If the cremated Remains container cannot accommodate all cremated Remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code.

PAYMENT TERMS:

The below signed purchaser or purchasers, either jointly or severally, agree to pay and guarantee payment of the balance due. This guarantee also applies to any additional charges for items ordered by the undersigned, together with any applicable charges and all costs of collection including reasonable attorney fees.

ACKNOWLEDGMENTS:

The undersigned hereby acknowledges that he/she has represented himself/herself as having the legal right to make arrangements for the disposition of the deceased and has authorized this firm to take possession of the remains of the deceased and has given permission for the body to be embalmed, if embalming has been selected and paid for.

DISCLOSURES:

Charges are only for those items that you selected or that are required. If we are required by law or by a crematory or cemetery to use any items, we will explain the reasons in writing. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below:

FOR MORE INFORMATION ON FUNERAL, CEMETERY, HYDROLYSIS AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET STREET, SUITE S-208, SACRAMENTO, CA 95834. (916) 574-7870

I/We accept and approve the above, and acknowledge receipt of a copy of this agreement, along with a copy of the General Price List and Casket Price List. I/We agree to pay all charges within 24 hours prior to cremation or interment of the Remains.

Signature(s) _____

Address: _____ City, State, Zip _____

Phone: _____ Date of Acceptance _____

Accepted for Cremation Society of Laguna: _____ Date: _____

C. Charge for Merchandise

Urn _____
 Casket _____
 Vault _____
 Memorial Package, consisting of:
 Memorial Register Book _____
 Memorial Folders (100 per set) _____
 Acknowledgment cards (25 per set) _____
 Other _____
 Other _____

D. Cash Advances (Fees paid on your behalf to others)

State Disposition Permit _____
 Certified Death Certificates _____
 Clergy Honorarium _____
 Newspaper Notice _____
 Coroner Fees _____
 Cemetery Fees _____
 Floral service _____
 Other _____
 Other _____
 Other _____

TOTAL CHARGES FOR SECTIONS C AND D _____

SUMMARY OF CHARGES:

SECTIONS A AND B _____
SECTIONS C AND D _____
SALES TAX ON SECTION C _____
TOTAL DUE ON ACCOUNT _____
LESS: PAYMENT RECEIVED: _____

BALANCE DUE ON ACCOUNT _____