



# 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 fppg'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 \_\_\_\_\_



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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](http://www.CremationLaguna.com) \* Email: [info@CremationLaguna.com](mailto: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)



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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](http://www.cremationlaguna.com)  
Email: [info@cremationlaguna.com](mailto: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** \_\_\_\_\_