

Print this form, fill in the death certificate information and fax or email it to:

**Cremation Society of Orange Coast** (Lic. # FD 1704) **FAX # (714) 740-2764** **Email: Director@cremationoc.com**

(All questions must be answered. If you do not know the answer, simply write *Unknown* in the space)

1. Name of the **Deceased**:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. Did the **Deceased** go by any other name on legal documents?

AKA (Also Know As) - If yes, include full name - If no, leave blank \_\_\_\_\_

3. **Deceased's** date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

4. State or Foreign Country of Birth: \_\_\_\_\_

5. Social Security Number of the **Deceased**: \_\_\_\_\_

6. Was the **Deceased** Ever in the U.S. Armed Forces? \_\_\_\_\_

7. What is the **Deceased's** marital status? ( ) Married ( ) Widowed ( ) Divorced ( ) Never Married

8. What is the highest level/degree of education obtained by the **Deceased**? \_\_\_\_\_  
(High school, AA, BA, PhD)

9. What is the **Deceased's** race? You may enter up to three races.

\_\_\_\_\_

10. If Race is other, please specify: \_\_\_\_\_

11. If Race is American Indian, please specify Tribe (s): \_\_\_\_\_

12. What was the **Deceased's** last known occupation before retirement?

The type of work done for most of his/her life. Do not use RETIRED. \_\_\_\_\_

13. What kind of business or industry did the **Deceased** work in?

(e.g., Grocery store, road construction, employment agency, ect) \_\_\_\_\_

14. How many years did the **Deceased** work in this occupation? \_\_\_\_\_

15. Where is the **Decedent's** residence? (Physical address. No P.O. Boxes please.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

16. How many years did the **Deceased** live in the County/Province? (Total number of years) \_\_\_\_\_

17. What is the name of the person providing this information?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

18. What is the informant's Relationship to the **Deceased**? \_\_\_\_\_

19. What is the Mailing address of the person providing this information?

(Street and number or rural route number, city, or town, state, ZIP)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

20. What is the name of the **Deceased's** Spouse? (If married)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

21. What is the **Deceased's** Father's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

22. What state/foreign country was the **Deceased's** father born in? \_\_\_\_\_

23. What is the **Deceased's** Mother's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

24. What state/foreign country was the **Deceased's** mother born in? \_\_\_\_\_

25. Where is the **Deceased's** final place of disposition going to be?

\_\_\_\_\_

**If the remains are to be buried please put down the name and location of the cemetery. In the case of cremation, if the remains are going to a personal residence, please put down the name of the person in charge of the cremated remains and their address. If the cremated remains are going to be scattered, please put down the place where the scattering will take place.**

**To the best of my knowledge, the information on this page is correct and accurate. I understand that this information will be used to complete the Death Certificate that will become a permanent record with the state of California. Further, I understand that any information left blank on this form will be listed on the Death Certificate as "UNKNOWN" and any incorrect information or misspellings will also be listed on the Death Certificate as it appears on this form. I will hold the Cremation Society of Orange Coast harmless for any mistakes or incorrect information submitted on this form.**

Signature of the person providing this information: \_\_\_\_\_



4. Unless an urn or cremated remains container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a cremated remains durable container which is not designed for any type of shipment.
5. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary durable container and returned to the Funeral Home, together with the primary urn or container.
6. I/We understand that "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 the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations are moved 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."
7. Unless I/we give specific written instructions in the Authorization, the cremation, processing, and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethic customs.
8. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of one year after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
9. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees, and assigns, harmless from any and all loss, damages, liability, or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our 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.
10. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.
11. I/We desire to identify the remains before cremation     Yes     No (possible additional costs)  
I/We desire to witness the cremation process             Yes     No (possible additional costs)

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

I/We warrant all the representations and statements made herein are true and correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (    ) \_\_\_\_\_  

Street
City
State
Zip

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (    ) \_\_\_\_\_  

Street
City
State
Zip

WITNESS: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_  

Signature
Print Name

Name and Address of Funeral Home \_\_\_\_\_

**FOR MORE INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT:  
THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL PROGRAMS  
1625 N. MARKET BLVD. SUITE S208, SACRAMENTO, CA 95834 (800) 952-5210**

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
the possession of \_\_\_\_\_, will be cremated by  
\_\_\_\_\_ and shall be disposed of in the  
\_\_\_\_\_ following manner (Note 1): \_\_\_\_\_

Name of person(s) with the legal right to control disposition (Note 2): \_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Person(s) with legal right to control disposition or Self, if prearranging

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Person(s) with legal right to control disposition

**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 services: \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Person(s) contracting for cremation services

**Signed** \_\_\_\_\_ **Lic. #** \_\_\_\_\_ **Date** \_\_\_\_\_  
Funeral Director, Employee, or Agent for Funeral Establishment If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

**IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. 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 REMAINS**

A person having the right to control disposition of cremated remains may remove the remains in a durable 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 cremation remains container at no additional cost, or place the excess in a second container that cannot easily come part from the first, pursuant to Section 8345 of the Health and Safety Code.

Cremation Society of Orange Coast  
12425 Lewis Street, Suite 102  
Garden Grove, California 92840  
(800) 678-0669  
License # FD 1704

PLEASE COMPLETE THE FOLLOWING INFORMATION

I HEREBY DECLARE that I have the authority and hereby authorize RELEASE from place of death and CREMATION for (Name of Decedent): \_\_\_\_\_ under direction and services of the Cremation Society of Orange Coast - 1-(800) 678-0669

My Name (Printed) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My telephone: \_\_\_\_\_ Other telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- I will pay for services by credit card, and provide card number and expiration date by telephone.  
Payment must be received in full before the cremation can occur.
- I will pick up the cremated remains **by appointment**.
- Please mail cremated remains by certified U.S. Mail for an additional total fee of \$45.00.  
Only the U. S. Post Office will ship cremated remains.
- Please place cremated remains at sea and provide confirmation upon completion for a fee of \$45.00.

**If I fail to give specific instructions or call for the cremated remains within 45 days after cremation, I hereby authorize and hold harmless the Cremation Society of Orange Coast to place the cremated remains at sea and charge my credit card for services.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(Can be witnessed by any other person, including family members)

Cremation Society of Orange Coast  
12425 Lewis Street Suite 102  
Garden Grove, CA 92840-4654  
(800) 678-0669  
License # FD 1704

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

To: CREMATION SOCIETY OF ORANGE COAST License # FD 1704

RE: \_\_\_\_\_ (Decedent) I, \_\_\_\_\_  
Name of Deceased Your Name

**Do**  **Do Not** (check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservations or the application of chemical preservations for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment: Douglass Family Mortuary, 3363 Imperial Highway, Lynwood, CA 90262, then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has legal right to control disposition of the remains of the decedent.

\_\_\_\_\_  
Signature Relationship to Deceased

Executed this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_ at \_\_\_\_\_, California  
Date Month Year Your Location

-----  
**Below this line is to be completed by the funeral establishment if Authorization to Embalm and Notification to Transport is obtained orally (By Telephone)**

The above statement of authorization and notification was read to: \_\_\_\_\_

Relationship \_\_\_\_\_ who  Did  Did Not (check one) authorize embalming at the above funeral establishment. Garden Grove, California.

Phone \_\_\_\_\_ Date and time authorization granted \_\_\_\_\_

**Signature of funeral establishment representative accepting authorization.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_ at \_\_\_\_\_, California

(s) \_\_\_\_\_

## 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.

**Cremation Society of Orange Coast**

12425 Lewis Street Suite 102, Garden Grove, CA 92840-4654  
1 (800) 678-0669 License # FD 1704

**Service Agreement**

**Statement of Funeral Goods and Services Selected**

**Services For** \_\_\_\_\_ **Date** \_\_\_\_\_

**Service Package Selected:** \_\_\_\_\_

**Charge for Services**

Basic Service Funeral Director/Staff \_\_\_\_\_

Use of Facilities Equipment and Staff for:

Funeral/Memorial at Church or in Chapel \_\_\_\_\_

Graveside Service \_\_\_\_\_

Viewing \_\_\_\_\_

Weekend, Holiday or evening service \_\_\_\_\_

**Other preparation of the body**

Embalming \_\_\_\_\_

Other preparation of the deceased \_\_\_\_\_

Special care for autopsied remains \_\_\_\_\_

Refrigeration of remains \_\_\_\_\_

**Transfer of remains to funeral home** \_\_\_\_\_

Additional charge for home removal \_\_\_\_\_

Additional mileage \_\_\_\_\_

Funeral coach \_\_\_\_\_

Long distance transportation \_\_\_\_\_

**Disposition of cremated remains:**

Personal delivery (30 mail radius) \_\_\_\_\_

Shipping (U.S. Mail) \_\_\_\_\_

Burial at sea \_\_\_\_\_

**Total Care Services**

Direct cremation \_\_\_\_\_

Rush cremation \_\_\_\_\_

Direct cremation with memorial service \_\_\_\_\_

Cremation with public viewing \_\_\_\_\_

Cremation with Graveside / Nicheside service \_\_\_\_\_

Witness cremation \_\_\_\_\_

Decedents in excess of 250lbs \_\_\_\_\_

Other \_\_\_\_\_

**A. Total charge for Services** \_\_\_\_\_

**Charge for Merchandise**

Urn \_\_\_\_\_

Memorial Folders \_\_\_\_\_

Register Book \_\_\_\_\_

Casket \_\_\_\_\_

Sales Tax \_\_\_\_\_

**B. Total Charge for Merchandise** \_\_\_\_\_

**Monies Advanced on Families Behalf**

State Disposition Permit \_\_\_\_\_

Certified Death Certificates \_\_\_\_\_

Clergy Gratuity \_\_\_\_\_

Paid Newspaper Notice \_\_\_\_\_

Musicians \_\_\_\_\_

Cemetery \_\_\_\_\_

Coroner Fees \_\_\_\_\_

State Regulatory Fee \_\_\_\_\_

Floral Services \_\_\_\_\_

Cremation Fee \_\_\_\_\_

Other \_\_\_\_\_

**C. Total Monies Advanced** \_\_\_\_\_

**SUMMARY OF CHARGES**

Total Charges (A, B, C) \_\_\_\_\_

Less Payment \_\_\_\_\_

Less \_\_\_\_\_

**Balance Due** \_\_\_\_\_

**PAYMENT TERMS:**

The below signed purchaser or purchasers either jointly or severally agrees 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 finance 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 a charge has been made for embalming.

**Disclosures:** Charges are only for those items that you selected or that are required. If we are required by law or by a crematory 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:

**I/We accept and approve the above and acknowledge receipt of a copy of this agreement.**

Signature \_\_\_\_\_ Address \_\_\_\_\_

Accepted for Cremation Society of Orange Coast by \_\_\_\_\_

**FOR MORE INFORMATION ON FUNERAL, CEMETERY & CREMATION MATTERS, CONTACT:**

**DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU**

**1625 North Market St. Suite S-208 Sacramento, CA 95834 (916) 574-7870 General Fax (916) 574-8620**