

CALI HOME FUNERAL SERVICES - Check List

Last Name: _____

FORMS TO SIGN

Decedent (FIRST)	MIDDLE	LAST	DOD	M/F

Preneed sign	GPL	CGL	Statement of Goods & Services	Price Ack
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DC Information	A. Release	A.Embal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Cremation, additional forms to sign

Declare Disp.Cremain	Crem. Contract SCI or SCC
<input type="radio"/>	<input type="radio"/>

INTERVIEW

by _____ Init.

Body Prep	
Embalm	<input type="radio"/>
Cosmetic	<input type="radio"/>
Hair	<input type="radio"/>
Clothing	<input type="radio"/>
Extra clothing disposal	<input type="radio"/>

Special Instruction:

DISPOSITION

Burial	Cremation	Ship Out	Transfer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MERCHANDISE

Casket	Urn	Flowers	Altar	Register Book	Other supplies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICES

Date	Time from	to	Type	Location	Notes

Escort	Refreshment	Cemetery/Crematory	Payments	Obits	Others
			Date: _____ Amount \$ _____	Name- Relationship- City	

POST SERVICES

Report SSA	DC delivered	Cremain delivered	Others
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLOSED FILE NUMBER

INFORMATION FOR DEATH CERTIFICATE and DISPOSITION PERMIT

(Please check for accuracy to avoid delaying permit approval)

1. Name First		2. Middle		3. Last (Family)	
Also Known As: (include Full name First, Middle, Last)		4. Date of Birth (MM/DD/YYYY)		5. Age If under One Year Month - (Day - Hours) If under 24 hrs (hours- Minutes') ___M, ___D or ___Hr, ___Min	
9. Birth State/Foreign Country		10. Social Security Number		11. Ever In U.S. Armed Forces?	
				12. Marial Status Married, Single, Divorced, Never Married, Widows	
				7. Date of Death	
				8. HOUR (24 hours) ___: ___	
13. Education -- Highest level/Degree		14/15. Was Decedent Spanish/Hispanic/Latino?		Decedent's Race --- Up to 3 races may be listed	
17. Usual Occupation (type of work for most of life. Do not use Retired)		18. Kind of Business or Industry		19. Years in Occupation	
20. Decedent's Residence (street and number)		21. City		22. County	
				23. Zip Code	
				24. Years in county	
26. Informant Name (First Last) / Relationship			27. Informant's Mailing Address and Telephone N		
28. Name of Surviving Spouse/SRDP FIRST			29. MIDDLE		30. LAST (Birth Name)
31. Name of Father FIRST		32. MIDDLE		33. LAST	
				34. BIRTH STATE	
35. Name of Mother FIRST		36. MIDDLE		37. LAST (Birth Name)	
				38. BIRTH STATE	
101. Place of death: Address: _____ Hospital (ER, IP, DOA) or Hospice					
118. Attending Physician Name, Mailing Address, Tel, Fax number				Last day seen by Dr.	
Last Location of disposition: Cemetery or address keeping cremains					
Prepared by: Name: _____ Tel: _____ Email: _____					
Request Picture of deceased to email to calihomefs@hotmail.com					

CALI HOME FUNERAL SERVICES
7401 Princess View Dr. Suite A
San Diego, California 92120
State License #FD2057

www.calihomefunerals.com Tel 619-708-9716 Fax 888-245-5399

DECEASED: _____
STATEMENT DATE: ___/___/_____
DATE OF DEATH: ___/___/_____
PLACE OF DEATH: _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Professional Services.....	\$ -
Removing from Place of Death.....	\$ -
Embalming.....	\$ -
Dressing and Cosmetology.....	\$ -
Casketing.....	\$ -
.....	\$ -
TOTAL:	\$ -

2. Facilities, Equipment & Staff:

Use of Staff for services: 1-4 hrs.....	\$ -
Chapel Usage up to 4hrs.	\$ -
Additional use of Chapel and/or staff.....	\$ -
Evening or weekend:.....	\$ -
ID viewing.....	\$ -
.....	\$ -
TOTAL:	\$ -

3. Transportation & Automotive equipment:

Funeral Coach (Hearse).....	\$ -
Utility Vehicle.....	\$ -
.....	\$ -
TOTAL:	\$ -
TOTAL OF SERVICES SELECTED.....	\$ -

B. CHARGE FOR MERCHANDISE SELECTED

Casket: Model: _____	\$ -
Description: _____	
Flowers: () Pieces. Color: _____	\$ -
Crucifix.....	\$ -
Cremation Urn (Plastic)	\$ -
Altar supplies.....	
White Gloves.....	\$ -
.....	\$ -

Disclaimer of Warranties: The only warranty on the casket or any merchandise sold in connection with this service is the express warranty, if any, granted by the manufacturer. This Funeral Home makes no warranty, express or implied, including an implied warranty of merchantability and an implied warranty of fitness for a particular purpose, to the respect to the merchandise.

TOTAL OF MERCHANDISE SELECTED.....	\$ -
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C. SPECIAL CHARGES

.....	\$ -
.....	\$ -
TOTAL:	\$ -

TOTAL FUNERAL HOME CHARGES.....	\$ -
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(This total does not include Cash Advances)

Bill To: _____

This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

Funeral Home Representative: _____ License Number _____

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

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, or if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below

D. CASH ADVANCED

Death Certificate.....	\$ -
Disposition permit.....	\$ -
CA cremation state fee.....	\$ -
Death certificate order online.....	\$ -
.....	\$ -
.....	\$ -
TOTAL CASH ADVANCES	

SUMMARY

TOTAL FUNERAL HOME CHARGE.....	\$ -
Sales Tax.....	\$ -
Cash Advances.....	\$ -

GRAND TOTAL	\$ -
Less Credit Adjustment or payments	\$ -
AMOUNT DUE	\$ -

DISCLOSURE

If any legal, cemetery, or crematory requirement has required the purchase of any items listed, we will explain the requirement below:

Cemetery/ Crematory: _____

Reason for Embalming: _____

ACKNOWLEDGEMENT AND AGREEMENT:

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this statement. I acknowledge that I have received the General Price List and has been offered for review the Casket Price List and Outer burial Container Price List.

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SUITE S-280, SACRAMENTO, CA 95834 PHONE 800-952-5210 OR 916-574-7870. OR ONLINE: www.dca.ca.gov

TERMS OF PAYMENT: The Balance Due is payable at time of services rendered or _____. I agree to pay and/or guarantee payment of the charges listed on this statement. In the event of default of payment, I agree to pay reasonable attorney's fees, court costs and interest. I agree that the liability is personally assumed by me and in addition constitutes a release of liability. By my signature below, acknowledgment and agreement of the above is hereby made.

Signature _____ SSN _____

X _____

Signature _____ Dated _____

X _____

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)

RELEASE AUTHORIZATION

TO: _____

**THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE
REMAINS OF: Mr./Ms.** _____

**TO: Cali Home Funeral Services, 7401 Princess View Dr. Suite A. San Diego, CA
92120. FD#2057. Telephone: (858)722-2185. (619) 708-9716 Fax (888) 245-5399
INCLUDING ITS AGENTS:**

**The above named funeral home, including its agents, is hereby authorized to sign
on the undersigned's behalf, any and all other authorizations that may be
required to secure release of the above named decedent. The undersigned
further represent that they have the legal right to make this authorization.**

(signature)

(relationship to decedent)

(date)

Full name: _____

(signature)

(relationship to decedent)

(date)

Full name: _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, CALI HOME FUNERALS SERVICES,
(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.

CALI HOME FUNERAL SERVICES
7401 Princess View Dr., Suite A, San Diego, CA 92120
State License FD#2057

ACKNOWLEDGMENT OF DISCLOSURE/DISCLAIMER

The Federal Trade Commission Trade Regulation Rule for "Funeral Industry Practices" requires certain disclosure and prohibits misrepresentations. This Acknowledgment of Disclosure/Disclaimer form is a check list we ask those we serve to read and sign if during the arrangement for the funeral of:

(NAME OF DECEASED)

1. I/We were shown/given a General Price List effective on _____ prior to discussing prices, services or merchandise.
2. I/We were shown/given a Casket Price List effective on _____ prior to discussing prices or caskets.
3. I/We were not told that embalming is required by law and were told that the law does not required embalming except in certain special cases. If embalming was provided, it was done with my/our permission.
4. I/We were not told that any law requires embalming for direct cremation, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the funeral is without viewing or visitation and with a closed casket.
5. I/We were not told that any law requires a casket for direct cremations or that a casket other than an unfinished wood box is required for direct cremation or for direct disposition.
6. I/We were not told that state law does not require the purchased of an outer burial container or any of the funeral goods or services I/We selected except as set forth on the statement of funeral goods and services selected.
7. No claim was made to me/us as to the merchandise or other offerings of this funeral firm (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from the funeral firm would delay the decomposition of the remains for a long term or indefinite time, or that such merchandise would protect the body from graveside substances if such was not the case. No representations or warranties were made to us about the protective features of casket or outer burial containers other than those made by manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufacturers of such goods. No other warranties were extended to me/us.
8. I/We were told that the amount of each of the cash advance items was the cost to the funeral firm except were such was the case. I/We were told that the funeral firm's cost may be different based on volume or cash discounts or other professional/trade customs where permitted by state or local law.

Signed this ___ day of _____, 20__

Witnessed:

(Signature of Funeral Firm Representative)

(Signature of Funeral Purchaser)

(Relationship to Deceased)