

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of Cali Home Funeral Services 619-708-9716 will be cremated by
Name of Person Arrangements are for
Name of Funeral Establishment and Telephone Number

_____ and shall be disposed of in the
following manner (Note 1): _____
Name of Crematory and Telephone Number

Manner, Location and Other Details of Disposition

Name of person(s) with the legal right to control disposition (Note 2): _____
Attach additional pages if necessary

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 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.

RELEASE AUTHORIZATION

TO: _____

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

**TO: Cali Home Funeral Services, 211 Oak Valley Lane, Escondido, CA 92027.
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) Full name: _____	_____ (relationship to decedent)	_____ (date)
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_____ (signature) Full name: _____	_____ (relationship to decedent)	_____ (date)
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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 for 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)

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: _____					

Disclosure of Preneed Funeral Agreement

The funeral establishment, **CALI HOME FUNERAL SERVICES**

License Number FD #2057 , DOES , DOES NOT , (check one) have a preneed arrangement, as defined below, made by 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 complete 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 CONTRACT AND AUTHORIZATION FOR CREMATION AND DISPOSITION

CREMATION SERVICES INC. 2570 FORTUNE WAY VISTA, CA 92081

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT CONTRACT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/We are the legal next of kin and have the full legal right in accordance with Health & Safety Code Section 7100 to authorize the cremation, processing, and disposition of the remains of

(Deceased Name & Address Street City State Zip)

(herein after referred to as the "Deceased").

I/We hereby request and authorize Cremation Services

(Name and address of contracting Funeral Home / Mortuary)

(herein after referred to as the "Funeral Home") acting as My/Our agents to take possession of and make arrangements for the cremation of the remains of the Deceased at Cremation Services Inc. Vista, CA crematory (herein after referred to as the "Crematory").

Description of urn or container selected: _____

Final Disposition

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/WE hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☐ No Specify ☐ Witness Cremation ☐ ID viewing ☐ Other Describe _____

☐ Deliver to _____ cemetery

(Name and Address of Cemetery)

☐ Release to family _____

(Name(s) of designated family member to receive remains)

☐ Scattering at sea by Funeral Home or Funeral Home's Agent

☐ Acting as My/Our Agent Ship To: Name _____ Address _____

☐ Other _____

The cremation process and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations, and policies of the Crematory, and the following terms and conditions.

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant cremation container or casket. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container or casket prior to cremation. The deceased will be cremated with any personal belongings that are received by the crematory with the body of the deceased. **The Crematory will not be responsible for the loss of belongings that are not removed from the body prior to transport or that accompany the body during transport.** In the event the remains of the Deceased are received by the Crematory in a plastic casket or a container constructed of noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We authorize the Crematory to dispose of any such noncombustible casket in any lawful manner it deems appropriate.

2. Due to advances in medical technology the remains of some decedents may contain medical devices containing radioactive material and or ferrous and nonferrous materials. Examples of these devices are pacemakers, artificial joints, screws, plates, dental fillings, dental bridges, and other foreign material. These devices may not be consumed in the cremation process and/or pose a safety hazard to the crematory operator. The Crematory after cremation may remove and dispose of such ferrous and nonferrous metal objects prior to final processing and the return of the processed remains to the authorizing authority. In addition, the Crematory periodically cleans crematory equipment surfaces and adjacent floor areas of cremation processing residue and dust created during the cremation process. This material is retained in a dedicated container and periodically scattered.

Note: Pacemakers and or other radioactive devices must be removed prior to receipt of the remains by the Crematory. I/We HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO _____ DO NOT _____ CONTAIN ANY TYPE OF PACEMAKER OR OTHER RADIOACTIVE DEVICE. (PLEASE INITIAL ONE) List all implanted devices: _____

3. 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 container which is not designed for any type of shipment.

4. I/We understand that -- Cremation means the reduction of the body of the deceased person by incineration and necessary processing. "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 and 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 Disposition

5. Unless I/We give specific written instructions in this Authorization, the cremation, processing, and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. The crematory will perform the cremation at its discretion and according to its time schedule without any further authorization or instructions.

6. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Authorizing Authority will be notified by certified mail at the informant address indicated on the Application and Permit for Disposition of Human Remains. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 60 days after the date such written notification is mailed, that the Crematory is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

7. I/We agree to indemnify, release and hold the Crematory its agents, employees and assigns, harmless from any and all loss, damages, liability, or cause 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, to take possession of, or make permanent arrangements for the disposition of such remains. No Warranties expressed or implied are made and damages shall be limited to the cremation fee paid.
8. Payment - Unless prior arrangements have been made, payment is due before the cremation is performed. All returned checks will be subject to a \$25 handling charge. Delinquent invoices are subject to a late fee of .05% per month on the outstanding balance. Should legal action be required in connection with the collection of any amount due from the Authorizing Authority, the Authorizing Authority agrees to pay reasonable attorney fees, collection costs, and all court costs incurred with any such proceeding. The Authorizing Authority agrees to pay all collection, storage, and disposition costs associated with the Authorizing Authority's failure to claim remains within statutory limits or to make prompt payment.
9. Entire Agreement - This Contract contains the entire agreement and understanding between the parties, and merges, and supersedes all prior representations and discussions pertaining to the Contract. Any changes, exceptions, or different terms and conditions proposed by the Authorizing Authority are hereby rejected unless expressly stated in this contract. This agreement shall be interpreted under the laws of the State of California, Venue for any action brought by either party to enforce any terms of this agreement shall be in San Diego County, at the option of Cremation Services Inc.
10. The following documents are incorporated into this contract by reference: Declaration for Disposition of Cremated Remains, and Statement of Funeral Goods and Services Selected.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

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

Name _____ Signature _____ Date _____

Address _____

Relationship to Deceased	Street	Tel. No. ()	City	State	Zip
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Name _____ Signature _____ Date _____

Address _____

Relationship to Deceased _____	Street _____	Tel. No. (_____) _____	City _____	State _____	Zip _____
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Signature _____ Date _____
Contracting Funeral Home Representative

For more information on Funeral, Cemetery and Cremation matters, contact: Department of Consumer Affairs, Cemetery & Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916)-574-7870

White - Crematory Copy

Yellow - Funeral Home Copy

Pink - Family Copy

CALI HOME FUNERAL SERVICES FD#2057

Escondido, CA 92027

From _____ - PHONE # _____ FAX # (888)-245-5399

URGENT- CAUSE OF DEATH WORKSHEET

ONCE COMPLETED, FAX BACK IMMEDIATELY TO MORTUARY

DOCTOR _____ LIC # _____
PHONE # _____ FAX# _____

ADDRESS _____ STE# _____ CITY _____ ZIP _____

Doctor, please complete this worksheet and fax back to our office ASAP. Once the causes are cleared with the local health dept., you will receive the "Physician Attestation" copy for your signature or voice attestation.

DECEDENT: _____ M/F

DATE OF BIRTH _____ SS# _____

DATE OF DEATH: _____ TIME OF DEATH: _____

PLACE OF DEATH	101 PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL. SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input type="checkbox"/> Decedent's <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Time interval between Onset and Death	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER
	(A) _____				(AT)	
	(B) _____				(BT)	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(C) _____				(CT)	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(D) _____				(DT)	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		113A. IF FEMALE. PREGNANT IN LAST <input type="checkbox"/> YEAR? <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	Decedent Attended Since _____ Decedent Last Seen Alive _____				116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	(A) mm/dd/ccyy	(B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME. MAILING ADDRESS, ZIP CODE			

FAXED:

TIMEFRAME FOR WORKSHEET COMPLETION: In accordance with the Health & Safety code, Section 102800, the physician must complete the medical and health section within **15 hours** after the patient dies. The responsibility extends to a physician's designee, as applicable.