



Advanced Planning Package

You've taken the first step, and obtained information about our company and our offerings.

Whether you wish to pay for your arrangements in advance, or just place your wishes on file with us, completing these forms and information will not only assist us, but also your family in providing valuable information that will inevitably be required at a future time of need.

Once completed, you may either mail or fax these forms back to us.

AARON Cremation & Burial Services
Mark B. Shaw Chapel
Advanced Planning Department
California Administrative Offices
1525-A N. Waterman Ave.
San Bernardino, CA 92404

Phone (800) 303-3610
Fax (800) 989-6613

aaroncalifornia.com

HELPFUL HINTS FOR PREPARING CREMATION PAPERWORK



STATISTICAL INFORMATION FORM

PAGE 3

Every box must be filled in. If information requested is not known, place the word “Unknown” in that box.

Marital Status – Only married, widowed, divorced, and never married is acceptable. (“single” cannot be used)

Education – List the highest grade completed if under 12th grade. If High School Graduate, list as such. If a higher degree was obtained, AA, BA, etc., if no degree but college was attended, list as “Some College.”

Occupation – List the deceased’s primary occupation through their lifetime. “Retired” is not acceptable. State the kind of business or industry, not name of company or employer.

Be sure and state “Maiden Name” where requested, not married name.

Sign and verify that all information is correct.

Please indicate how many certified copies of the Death Certificate are needed. They are issued by the county in which the death occurred, and then mailed to the next of kin, if not otherwise indicated. It will take approximately 10 to 15 working days to receive the death certificates once they are filed by the county health department.

AUTHORIZATION FOR CREMATION & DISPOSITION

PAGES 5, 6, 7, & 8

To authorize a cremation, the State of California requires that the majority (51%) of the closest next of kin sign these pages. All must initial and sign where indicated. (If not, this will delay the cremation process until completed paperwork is received). Driver’s license or Photo ID from each signer needs to be faxed back with the paperwork.

PAGE 6

(Middle of the page) Please indicate the type of urn requested. Our basic polished wood urn is \$70. Pictures and costs of all our urns can be seen on our website at www.aaroncalifornia.com. Click on “Our Services and Merchandise” and then “Urn Pictures” or “Urn Price List.” There is no urn required for scattering at sea by AARON.

Indicate where the cremated remains are to be directed to. If requesting local cemetery delivery or mailing of the remains, a \$85.00 charge will apply. We offer non-witnessed scattering at sea for \$95.00. If you prefer to pickup remains, please list the person(s) able to receive them. Those listed would be the only ones allowed unless the paperwork is resigned by all next of kin.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

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Under “Following Manner” please indicate final place where cremated remains will be kept. If as a residence or cemetery, give complete name and address and county. If you are requesting for us to scatter them at sea, write in “Scatter at Sea off the Coast of San Diego County.”

All must sign the page under “legal right to control” and the person responsible for payment need only sign under “contracting for cremation services.”

All other pages need only to be signed by one person.

Fax back to (800) 989-6613 with a copy of a photo ID (i.e. driver’s license) of all signers.

STATISTICAL INFORMATION REQUIRED TO COMPLETE NECESSARY DOCUMENTS
Please Print Clearly



1. FIRST (GIVEN) NAME			2. MIDDLE NAME			3. LAST NAME		
4. CITY OF BIRTH				5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. DATE OF BIRTH		
7. STATE OF BIRTH		8. SOCIAL SECURITY NUMBER		9. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED		
11. EDUCATION (Highest Grade or Degree)			12. SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES - Origin _____ <input type="checkbox"/> NO			13. DECEDENT'S RACE (Select) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN - Tribe _____ <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____		
14. OCCUPATION (Not Retired)			15. KIND OF BUSINESS / INDUSTRY			16. YEARS IN OCCUPATION		
17. DECEDENT'S RESIDENCE - STREET AND NUMBER OR LOCATION								
18. CITY			19. COUNTY/PROVINCE		20. ZIP CODE		21. YRS IN COUNTY	22. STATE/FOREIGN COUNTRY
23. PERSON PROVIDING INFORMATION / RELATIONSHIP			24. MAILING ADDRESS AND TELEPHONE NUMBER					
25. NAME OF SURVIVING SPOUSE - FIRST			26. MIDDLE			27. LAST (MAIDEN NAME)		
28. NAME OF FATHER - FIRST			29. MIDDLE		30. LAST		31. BIRTH STATE	
32. NAME OF MOTHER - FIRST			33. MIDDLE		34. LAST (MAIDEN NAME)		35. BIRTH STATE	

I VERIFY THE ABOVE INFORMATION IS SPELLED CORRECTLY

SIGNATURE: _____ **DATE:** _____
SIGN DATE

As your funeral director, we initiate the certificates based on the information you have provided. We deliver the certificate to the attending physician, who by law, must certify the cause of death. We then file the certificate with the local Health Department Office. **THE AVAILABILITY OF CERTIFIED COPIES WILL DEPEND UPON THE SCHEDULE OF THE HEALTH DEPARTMENT.** Normally, allow about ten to fifteen county working days to receive the certified copies you request after the certificate is filed unless the cause of death is deferred or pending.

PENDING CAUSE OF DEATH: If the cause of death on a death certificate is listed as deferred or pending, keep in mind that amended certified copies of the death certificated could take up to one year to receive.

Certified copies of death certificate are a service provided by the Health Department at (presently) \$12.00 per copy. We will order the number of copies you request when we file the original document. You can always get additional certified copies if you should need them.

Examples of items that may require a "Certified Copy" are:

- Social Security • Life Insurance Policies • Pension Funds • Bank Accounts • Saving Accounts • Certificates of Deposit
- County Recorders Office (Property) • Securities (Stocks/Bonds) • Department of Motor Vehicles (Automobile)

NUMBER OF CERTIFIED COPIES YOU WOULD LIKE US TO ORDER _____

Mail Certified Copies to Informant Above Mail Certified Copies to _____

RELEASE INFORMATION

TO: Hospital, Nursing Home, Coroner Present Location of Deceased _____

I hereby authorize and request the release of the remains of:

_____ to AARON Cremation & Burial Services / Mark B. Shaw Chapel, 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 states that they have the legal right to make the authorization

Signed _____ Printed Name _____ Relationship _____

SIGN Address _____ Telephone _____

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING



TO: AARON Cremation – Mark B. Shaw Chapel
(Funeral Establishment Name)

RE: _____ (Decedent) I, _____

do _____ do not _____ (check one) request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

AMBS Holding Facility, 1525 North Waterman Avenue, San Bernardino, California 92404

(name and address of funeral establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

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

Signed: _____, Relationship _____

SIGNED

Executed this _____ day of _____, _____ at City _____, State _____.

DATE

MONTH

YEAR

CITY

STATE

To Be Completed by 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 named funeral establishment.

City _____, State _____, 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 _____,

at City _____, State _____.

Signed: _____

SIGNED

AUTHORIZATION FOR CREMATION & DISPOSITION

DECEDENT: _____ **SEX OF DECEDENT:** _____

(In this document the word "I" shall refer to all persons authorizing the cremation and disposition of the decedent.)

I authorize Southland Crematory (CR #304) (the "Crematory") to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. I certify that I have legal right to authorize the cremation & control the disposition of the Decedent's remains.

[NOTE: California law provides "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."]

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that (initial on all applicable lines):

- _____ I am making this authorization for myself. **INITIAL**
- _____ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).
- _____ I am the surviving spouse of the decedent.
- _____ I am the surviving California Registered Domestic Partner of the decedent.
- _____ I am (We are) the surviving child (children- all or majority).
_____ number of children. There being no surviving spouse/domestic partner.
- _____ I am (We are) the surviving parent (parents).
_____ number of parents. There being no surviving spouse/domestic partner or children.
- _____ I am (We are) all or a majority of the surviving sister(s) and brother(s).
_____ number of sisters and brothers. There being no surviving spouse/domestic partner, children, or parents.
- _____ I am (We are) all or a majority of the surviving niece(s) and nephew(s).
_____ number of nieces and nephews. There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- _____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.
- _____ I am the Executor of the Estate. (Attach a copy of Will or court appointment).

- 1. Cremation Container.** The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.
- 2. Mechanical or Radioactive Devices.** Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

I certify that the remains of the Decedent **DO** _____ **DO NOT** _____ contain a mechanical or radioactive device.
(Place initials next to correct statement) **INITIAL**

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here: _____

I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent. **INITIAL:** _____ **INITIAL**

- 3. Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials.** Items such as personal mementos, jewelry, dental gold and silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize the Crematory to dispose of them.

4. The Cremation Process. I acknowledge the following: 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 amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment 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.

5. Time of Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9), and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

6. Identification of Decedent. The following person has/will personally view the Decedent, or requests a photograph of the Decedent, and will verify his or her identity: _____
OR
All of the persons signing this authorization have refused to either designate a representative to view the Decedent or a photograph of the Decedent or to personally view the Decedent or a photograph of the Decedent. _____ **INITIAL**

7. Weight Limits. Due to limitations on the cremation chamber, the Crematory can not cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs, another crematory will be used, and additional charges will apply.

I certify that the Decedent is under 250 lbs. **YES** _____ **NO** _____ (Note: An additional charge will apply)
(Place initials next to correct statement) **INITIAL**

8. Disposition. I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent. For your convenience, we offer a minimum fiberboard urn to hold the cremated remains.

If you prefer you may supply your own urn or other container. Please note, however, that any container you provide should be durable and both leak- and break-resistant.

Urn / Container Provided by: Funeral Home Family

Urn / Container Description for cremated remains: _____

(Please fill in correct statement) **FILL**
 Deliver the remains to the following cemetery: _____
(Name, Address, and Telephone Number)

Release the remains to: _____
(Name & Telephone Number)

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Home may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to _____
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

_____ Scatter at sea via _____. To be witnessed? **YES** _____ **NO** _____
INITIAL (Initials required only if this option was selected)

[NOTE: I understand that the Funeral Home is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Home shall not be liable for any failure by the service named above to properly scatter the remains.]



9. Special Instructions. Indicate special instructions below, *including request to witness the cremation:*

10. Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

SIGNATURES:

The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

WITNESS:

IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF AARON CREMATION AND BURIAL SERVICES, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Name of Referring Mortuary: AARON Cremation & Burial Services – Mark B. Shaw Chapel

Arrangement Counselor Signature: _____

For more information on Funeral, Cemetery, and Cremation matters contact:
State of California Department of Consumer Affairs / Cemetery and Funeral Bureau
1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS



I/We hereby declare (my remains) or (the remains of) _____ in the possession of AARON Cremation – Mark B. Shaw Chapel (800) 303-3610, will be cremated by select the designated crematory, Southland Crematory (CR #304) (909) 889-0177, and shall be disposed of in the following manner (Note 1): (Please indicate NAME and ADDRESS where cremains will be taken to)

Manner, Location and Other Details of Disposition (Indicate the NAME and ADDRESS of where cremated remains will be placed after release to family)

Attach additional pages if necessary

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

Signed _____ Date _____ SIGN Person(s) with legal right to control disposition or Self, if prearranging DATE

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 _____ SIGN Person(s) contracting for cremation services DATE

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.

PAYMENT VOUCHER



PRIVATE CREMATION

- Simple Dignified Cremation \$ 780.00
World Wide Travel Plan (for travel over 100 miles from your home) \$ 285.00

ADDITIONAL OPTIONS

- Bathing and Wrapping Deceased in an All Natural Cremation Shroud \$ 200.00
Express Cremation Fee (within 48 hours of receiving disposition permit) \$ 340.00
Witness cremation (6 persons, 15 minutes, minimal preparation, at crematory) \$ 340.00
Crematory weight surcharge (see price sheet for detailed pricing over 250 lbs.) \$

MERCHANDISE

- Urn Selected: Basic Polished Wood \$ 70.00, Black Steel \$ 90.00, Stained Poplar \$ 110.00
Cremation Casket \$ 95.00

DISPOSITION OPTIONS

- Staff Delivery (non-scheduled within 30 miles of our office) \$ 85.00
Shipping by Certified Registered Return Receipt Mail \$ 85.00
Sea Scattering (non-witnessed, non-recoverable) \$ 95.00
Veteran Cemetery Placement (completing paperwork for a family directed service) \$ 50.00

COUNTY / STATE FEES

- Certified copy of the death certificate (\$12 each) # \$
California Disposition Burial / Cremation Permit \$ 11.00
California Department of Consumer Affairs Regulatory Fee \$ 8.50
Sales Tax on Merchandise (8.75%) \$

TOTAL AMOUNT DUE \$

Name of Deceased

Address

City, State, Zip, Telephone

TYPE OF BEFORE NEED ARRANGEMENTS

- NonFunded, Price Not Guarranteed, Just Keep Information On File
Funded, Price Guarranteed, Contact Me Regarding Monthly Payments
Funded, Price Guarranteed, I've Made the Following Payment in Full:

TYPE OF PAYMENT Check Credit Card

CREDIT CARD INFORMATION Visa MasterCard Discover American Express

Credit Card Number Exp date (mm/yy)

Name on card Security V-Code

Mailing address on card

Telephone Number

Signature of Cardholder

**DECLARATION OF INTENT
REGARDING PRENEED FUNERAL ARRANGEMENTS**



To My Survivors:

According to California Health and Safety Code Section 7100, the directions set forth in the accompanying Preneed Funeral Arrangements must be faithfully carried out upon my death, unless I authorize them to be changed.

Therefore, I hereby declare:
(initial only one)

_____ The accompanying Preneed Funeral Arrangements MAY NOT be altered, changed, or otherwise amended
INITIAL in any material way.

_____ The accompanying Preneed Funeral Arrangements MAY be altered, changed, or amended only in the following respects:
INITIAL

Signature
SIGN

Date
DATE

Witness

Relation

“A decedent, prior to death, may direct, in writing, the disposition of his or her remains and specify funeral goods and services to be provided. Unless there is a statement to the contrary that is signed and dated by the decedent, the directions may not be altered, changed, or otherwise amended in any material way, except as may be required by law, and shall be faithfully carried out upon his or her death, provided both of the following requirements are met: (1) the directions set forth clearly and completely the final wishes of the decedent in sufficient detail so as to preclude any material ambiguity with regard to the instructions; and, (2) arrangements for payment through trusts, insurance, commitments by others, or any other effective and binding means, have been made, so as to preclude the payment of any funds by the survivor or survivors of the deceased that might otherwise retain the right to control the disposition.”

California Health and Safety Code, Sec. 7100.1(a) as amended January 1, 1999

ACKNOWLEDEMENT OF ACCEPTANCE FORM



I/We acknowledge that I/we was/were given a copy of a current General Price List, Outer Burial Container Price List, and a copy of the California Department of Consumer Affairs Guide, entitled "Consumer Guide to Cemetery and Funeral Purchases."

Signature

SIGN

Date

DATE

Witness

Relation

Witness

Relation

DIRECTIONS ON THE DISPOSITION OF DECEDENT'S CLOTHING



1. PARTIES

Funeral Home: AARON Cremation – Mark B. Shaw Funeral Chapel

Representative: _____

Decedent: _____

Recipient: _____

2. RELATIONSHIP OF REPRESENTATIVE

the REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows (check appropriate box):

- Spouse
Next of Kin (Closest Living Relative)
Personal Representative of the Next of Kin with written authorization of Next of Kin to act on his/her behalf.
Other: _____

3. AUTHORITY OF REPRESENTATIVE

The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. DIRECTIONS AS TO DISPOSITION OF CLOTHING

The REPRESENTATIVE directs the FUNERAL HOME to arrange for the disposition of clothing on or with the DECEDENT's body as follows:

- Return the unwashed clothes to the RECIPIENT. If the clothes contain any blood or other potentially infectious material, the clothes will be packed in biohazard bags and should only be handled by individuals wearing appropriate protective gloves and employing universal precautions. The FUNERAL HOME will hold the clothes for 20 days from the date of this agreement for the RECIPIENT to pick up. After 20 days, the clothes will be disposed of at the FUNERAL HOME'S discretion.
Dispose of the clothes at the FUNERAL HOME'S discretion.
Place the clothes in this casket or alternative container with the deceased for final disposition.
Other Directions: _____

5. INDEMNIFICATION

The REPRESENTATIVE agrees that the FUNERAL HOME will assume no responsibility regarding the clothing of the DECEDENT, including, but not limited to, loss or damage of the clothing, except in the case where the loss or damage is the sole result of the intentional act of the FUNERAL HOME or its employees. The REPRESENTATIVE acknowledges that the FUNERAL HOME has advised REPRESENTATIVE of the risks of handling bloodstained or contaminated clothing and releases FUNERAL HOME from any liability therefrom. The REPRESENTATIVE also agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action or related in any respect to this direction to dispose of the clothing of the DECEDENT or in the FUNERAL HOME'S reliance thereon.

DATE: _____

DATE

SIGNATURE OF REPRESENTATIVE: _____

SIGN



CREMATORY WEIGHT SURCHARGE AND HEAVY DUTY CREMATION CONTAINER

(251 - 350 lbs) = Fee of \$225 plus heavy duty container @ \$195.....	\$ 450.00
(351 - 450 lbs) = Fee of \$455 plus heavy duty container @ \$195.....	\$ 650.00
(451 - 550 lbs) = Fee of \$755 plus heavy duty container @ \$195.....	\$ 950.00
(551 - 650 lbs) = Fee of \$955 plus heavy duty container @ \$195.....	\$ 1,150.00

CORONER TRANSPORTATION FEE (IF AT CORONER'S OFFICE)

San Bernardino County	\$ 250.00
Riverside County	\$ 320.00
Los Angeles County	\$ 200.00
Orange County	\$ 318.00
Ventura County	\$ call