

# Mark B. Shaw Funeral Directors

## AARON Cremation

FD# 406

### At-Need Private Cremation Arrangements

This package contains all of the necessary forms required to arrange a cremation with us. Please carefully read all of the forms, fill them out completely, sign and initial where required, and return them bellow by faxing, scanning and emailing, or mailing to us, along with your payment (a payment voucher is included in this package). And don't forget to save a copy for yourself!

NOTE: If the deceased is at a coroner's facility, a specific release authorization is needed for us to make the removal. Please be sure you print out the specific form, sign it, and return with these forms.

If you should have any questions, or should require any assistance with these forms. Please feel free to call our office.

We thank you for the confidence you've placed in us, and know we will exceed your expectations.

#### **Mark B. Shaw Funeral Directors – AARON Cremation**

FD# 406

California Administration Offices  
1525 North Waterman Avenue  
San Bernardino, California 92404-5110  
Telephone (800) 303-3610  
Fax (800) 989-6613

## 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 decease’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 3 WEEKS to receive the death certificates once they are filed by the county health department.

### AUTHORIZATION FOR CREMATION & DISPOSITION

#### PAGES 8, 9, 10, & 11

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 with the paperwork.

#### PAGE 9

**(Middle of the page)** Please indicate the type of urn requested. Pictures and costs of all our urns can be seen on our website at [www.aaroncalifornia.com](http://www.aaroncalifornia.com). Click on “Our Services and Merchandise” and then “Urn Pictures” or “Urn Price List.”

Indicate where the cremated remains are to be directed to. We offer non-witnessed scattering at sea for \$95. 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

#### PAGE 11

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 then at sea, write in “Scatter at Sea off the Coast of Orange 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 (e.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. EVER IN U.S. ARMED FORCES? <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		15. 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) \$14.00 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 remains of:

\_\_\_\_\_ to Mark B. Shaw Funeral Directors - AARON Cremation

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 as 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 \_\_\_\_\_

**CONSENT TO RELEASE OF MEDICAL INFORMATION**

Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

The undersigned, as the next of kin to the Decedent identified above, does hereby specifically authorize and consent to the release by any physician or other health care professional who attended or examined the Decedent of medical information or records concerning the Decedent which may be necessary or appropriate in connection with the preparation of a death certificate and other related forms by AARON Cremation & Burial Services and the undersigned specifically waiver any rights of privacy or confidentiality with respect to such records and information.

\_\_\_\_\_  
Signature

**SIGN**

\_\_\_\_\_  
Date

**DATE**

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

**TO:** Mark B. Shaw Funeral Directors – AARON Cremation  
(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**

**DIRECTIONS ON THE DISPOSITION OF DECEDENT'S CLOTHING**

**1. PARTIES**

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

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**

**DISCLOSURE OF PRENEED FUNERAL AGREEMENT**

The funeral establishment, Mark B. Shaw Funeral Directors – AARON Cremation,  
(funeral establishment name)

license number FD 406, 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

**SIGN**

\_\_\_\_\_  
Date

**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 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.)  
(In this document "CCC" shall refer to California Cremation Centers.)

I authorize Desert View Crematory (CR #122) or 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. We reserve the right to choose which Crematory that will be used.

[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 certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.

**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. The normal cremation process may take a minimum of 8 working days to a possible 18 days.

**6. Viewing of Remains.** In order to view the remains of the deceased, minimal preparation and charges apply in order to do so.

I WOULD like to make arrangements to view the deceased's remains \_\_\_\_\_ initials **INITIAL**

I DECLINE to make arrangements to view the deceased's remains \_\_\_\_\_ initials

**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 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 in Pacific Ocean, non-witnessed, non-recoverable off coast of Orange County, via California Cremation Centers.  
**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:

\_\_\_\_\_  
\_\_\_\_\_



**DECLARATION FOR DISPOSITION OF CREMATED REMAINS**

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in the possession of Mark B. Shaw Funeral Directors – AARON Cremation (800) 303-3610, we will select the designated crematory, Desert View Crematory (CR #122) (760) 244-0007 or Southland Crematory (CR #304), 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  
\_\_\_\_\_  
\_\_\_\_\_

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**

Name of Deceased \_\_\_\_\_

**PRIVATE CREMATION**

- Simple Cremation \$ 858.00
- Preparing unembalmed remains for an ID Viewing \$ 320.00  
Limited to a MAXIMUM of 6 persons for 1 hour
- Additional Mileage based on area \_\_\_\_\_ (see next page) \$ \_\_\_\_\_

**ADDITIONAL OPTIONS**

- Removal of implanted devices, containing batteries such as a pacemaker \$ 95.00
- Rush cremation fee (Within 3 days of receiving disposition permit) \$ 350.00
- Witness cremation (6 persons, 15 minutes, minimal preparation, at crematory) \$ 350.00
- Crematory weight surcharge (see chart next page for detailed pricing over 250 lbs.) \$ \_\_\_\_\_
- **Second person for removal from home or non-institutional location** \$ **85.00**

**MERCHANDISE**

- Rigid Plastic Urn \$ 20.00
- Basic Wood Urn \$ 95.00
- Sierra White Cultured Granite Urn \$ 149.00
- Fairhaven Ash Wood Urn \$ 215.00
- Register Book Set, Book/Folders/Thank you cards (Do it yourself) \$ 95.00
- Coordination of the Register Book Set printing and customization (Additional charge) \$ 110.00

**DISPOSITION OPTIONS**

- Shipping by certified registered receipt mail \$ 49.00
- Sea scattering (non-witnessed, non-recoverable off coast of Orange County) \$ 95.00
- Placement of cremated remains in urn provided by family \$ 45.00
- Veteran cemetery placement (completing paperwork for a family directed service) \$ 95.00

**COUNTY / STATE FEES**

- Certified copy of the death certificate (\$14 each) # \_\_\_\_\_ \$ \_\_\_\_\_
- California disposition burial / cremation permit \$ 11.00
- State of California Department of Consumer Affairs fee \$ 8.50
- Coroner fee (see chart next page) \$ \_\_\_\_\_
- Sales Tax on merchandise (8.0%) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** ..... \$ \_\_\_\_\_

**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 \_\_\_\_\_

**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