



CREMATION SOCIETY OF LAGUNA FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

Death Certificate Information Form Fax (855) 223-0333

(Statistical information required by the State of California to prepare a State Certificate of Death and is kept strictly confidential)

Name (First) _____ (Middle) _____ (Last) _____

Legal Residence Address _____ City _____

County _____ Zip _____ Phone _____

Male Female Number of years in county _____ Highest level of education (1-12, High School, BA, PhD, etc.) _____

Married Never Married Divorced Widowed United States Veteran yes no (provide copy of discharge papers)

Birthplace (State or Foreign country) _____ Birth Date _____ Social Security # _____

Race _____ Occupation (present or before retirement) _____ Number of Years _____

Employer _____ Industry (kind of business) _____

Father's Name (First, Middle and Last) _____ Place of Birth _____

Mother's Name (First, Middle and Maiden) _____ Place of Birth _____

Spouse's Name (First, Middle and Maiden) _____

What is the FINAL disposition of the Remains? Home of the Informant Scatter at sea, off the coast of _____ county

Burial at _____ Cemetery Other _____

Number of death certificates requested? _____ What is to be with them done? Mail to Informant Hold for Informant to pick up

Other _____

Name of Person in charge of arrangements _____

Address _____ City, State, Zip _____

Relationship to Decedent _____ Phone Home Cell _____

Email address _____

By my signature below, I declare that all information above is true and correct, to the best of my knowledge. I accept responsibility for any information provided incorrectly. I authorize Cremation Society of Laguna to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

Signature _____ Date of signature _____



**CREMATION SOCIETY
OF LAGUNA** FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to Cremation Society of Laguna. I am the nearest next of kin to the decedent, and declare by my signature below, that I have the full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, including Cremation Society of Laguna, its agents, employees and representatives, the care facility, its agents and representatives and all other parties, of any and all liability.

This release also pertains to any personal belongings of the decedent.

Signature of Next of Kin

Printed Name of Next of Kin

Address

City State Zip

Phone Number

Email address

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

23046 Avenida de la Carlota #600, Laguna Hills, CA 9265

Phone: (888) 991-1120 * Fax: (855) 223-0333

Web: www.CremationLaguna.com * Email: info@CremationLaguna.com

Disclosure of Preneed Funeral Agreement

The funeral establishment, _____,
(funeral establishment name)
license number FD _____, **DOES** _____, **DOES NOT** _____ (check one) have a preneed arrangement, as
defined below, made by or on behalf of _____.
(name of decedent)

If the funeral establishment **does have** a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

Signature of funeral establishment representative

Date

“Preneed arrangement,” "preneed agreement" or "preneed" is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

Funeral Establishment's Responsibility – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834
916-574-7870

Signature of the survivor or responsible party

Date

Print name of the survivor or responsible party

Signature of funeral establishment representative

Date

Print name of funeral establishment representative

Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.

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)

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of _____, 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

Name of Crematory and Telephone Number

manner (Note 1): _____

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): _____

Signed _____

Person(s) with legal right to control disposition to Self, if pre-arranging

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Name of person(s) contracting for cremation services: _____

Signed _____

Person(s) contracting for cremation services

Date _____

Signed _____

Funeral Director, Employee, or Agent for Funeral Establishment

Lic. # _____

If a Funeral Director

Date _____

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

**Gateway Crematory CR-297
1410 S. Acacia Ave. #D Fullerton, CA 92831
(714) 535-3715**

Authorization for Cremation and Disposition of Human Remains

[Note: This is an important legal document which you should read carefully before signing.]

If you have any questions please ask your funeral Counselor and or,

"For more information on Funeral, Ceremony, and Cremation matters, contact:

**Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA
95834
(916) 574-7870"**

The Cremation Process is performed according to California Law. There can be no Allowance for ethnic or religious variation. Subject to the rules and regulations of Gateway Crematory and any applicable Federal, State, Local Laws, or Ordinances the undersigned hereby certifies, warrants and represents that I/We have the full legal right and authority to authorize Gateway Crematory (hereafter the "Crematory") to perform the cremation of the remains of:

_____ [FIRST NAME]

_____ [MIDDLE NAME]

_____ [LAST NAME]

_____ Approximate Weight _____

_____ [Decedents Usual Address]

(Hereafter the "Deceased/Decedent"), and to arrange final disposition of the cremated remains as follows:

Place of Final Disposition _____

I hereby **DECLINE** to View the Decedent at the Crematory; **INITIAL** _____

I **REQUEST** a Viewing of the Decedent at the Crematory; Date/Time _____ ; **INITIAL** _____

ID Viewing or Witness the insertion into the cremation chamber (Circle One)

Funeral Home handling the arrangements: _____
(Hereafter the Funeral Home)

Casket/Containers: Gateway requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personal. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. Metal, Plastic, Fiberglass Caskets or Cremation Containers will not be allowed to be cremated. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but not limited to hinge, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition on this form.

Casket or Cremation Container Selected _____ / **Urn Selected** _____

Pacemaker, Prostheses, and Radioactive Devices: Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to Gateway Crematory personnel or equipment by such devices or implants. By initialing this paragraph, I/We give permission to the Crematory, Funeral Home, or Staff to remove the surgical hardware as referenced above prior to cremation. The Funeral Home and or the Crematory are authorized to dispose of the device(s) as deem appropriate.

Pacemaker; YES OR NO (Circle One) **INITIAL** _____

Deceased: _____

The Cremation Process:

The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result 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 that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these materials with similar materials from other cremation in a non-recoverable manner, so that only the human bone fragments will remain. There may be small non-combustible material the operator may not visibly see and be placed in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

(INITIAL) _____

DISPOSITION OF CREMATED REMAINS

I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes. : **(Choose One)**

(INITIAL) _____ Deliver said cremated remains to: _____

(INITIAL) _____ I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes No responsibility after delivery.

SHIP TO: _____

(INITIAL) _____ **RELEASE TO:** _____

Authorizing Agent: An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Health and Safety Code Sec. 7100.1.) Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/We acknowledge and agree that I/We have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold Gateway Crematory, The Funeral Home, Their affiliates, Employees and assigns, harmless from any and all losses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or waived my/our rights of identification of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

Executed at _____ on _____

Signature of Authorized Agent: _____ Relationship _____

Printed Name: _____ Phone # _____



CREMATION SOCIETY OF LAGUNA

FD-2091

COMPASSIONATE CARE,
PERSONAL SERVICE

23046 Avenida de la Carlota #600
Laguna Hills, CA 92653
Phone: (888) 991-1120
Fax: (866) 653-2047
Web: www.cremationlaguna.com
Email: info@cremationlaguna.com

Statement of Funeral Goods and Services Selected

Services for _____ Date of Death _____ Date of Arrangements _____

Service Package Selected:

Direct Cremation Cremation with ID Viewing Witness Cremation Funeral Service prior to Cremation
 Direct Burial Burial with Graveside Service Burial with Funeral and Graveside Service Other

A. Charge for Services

Basic Services of the Funeral Director and Staff _____
Use of Facilities, Equipment and Staff for: _____
 Funeral/Memorial at Church _____
 Graveside Service _____
 ID Viewing _____
 Weekend, Holiday, Evening charges _____
Transportation of Remains _____
Additional Mileage charged over 30 miles _____
Funeral Coach (Hearse) for service _____
Disposition Charges: _____
 Shipping Cremated Remains by US Mail _____
 Scattering at sea (Witnessed) _____

B. Service Packages

Direct Cremation _____
Direct Cremation with ID Viewing _____
Direct Cremation with Witnessing _____
Funeral Service prior to Cremation _____
Direct Burial _____
Burial with Graveside Service _____
Burial with Funeral and Graveside Service _____
Other _____

TOTAL CHARGES FOR SECTIONS A AND B _____

NOTES: _____

Notice Regarding Cremated Remains: A person having the right to control disposition of cremated Remains may remove the Remains in a 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 TERMS:

The below signed purchaser or purchasers, either jointly or severally, agree to pay and guarantee payment of the balance due. This guarantee also applies to any additional charges for items ordered by the undersigned, together with any applicable charges and all costs of collection including reasonable attorney fees.

ACKNOWLEDGMENTS:

The undersigned hereby acknowledges that he/she has represented himself/herself as having the legal right to make arrangements for the disposition of the deceased and has authorized this firm to take possession of the remains of the deceased and has given permission for the body to be embalmed, if embalming has been selected and paid for.

DISCLOSURES:

Charges are only for those items that you selected or that are required. If we are required by law or by a crematory or cemetery to use any items, we will explain the reasons in writing. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below:

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET STREET, SUITE S-208, SACRAMENTO, CA 95834. (916) 574-7870

I/We accept and approve the above, and acknowledge receipt of a copy of this agreement, along with a copy of the General Price List and Casket Price List. I/We agree to pay all charges within 24 hours prior to cremation or interment of the Remains.

Signature(s) _____

Address: _____ City, State, Zip _____

Phone: _____ Date of Acceptance _____

Accepted for Cremation Society of Laguna: _____ Date: _____

C. Charge for Merchandise

Urn _____
Casket _____
Vault _____
Memorial Package, consisting of:
 Memorial Register Book _____
 Memorial Folders (100 per set) _____
 Acknowledgment cards (25 per set) _____
Other _____
Other _____

D. Cash Advances (Fees paid on your behalf to others)

State Disposition Permit (1st one included) _____
 Certified Death Certificates _____
Clergy Honorarium _____
Newspaper Notice _____
Coroner Fees _____
Cemetery Fees _____
Floral service _____
Other _____
Other _____
Other _____

TOTAL CHARGES FOR SECTIONS C AND D _____

SUMMARY OF CHARGES:

SECTIONS A AND B _____
SECTIONS C AND D _____
SALES TAX ON SECTION C _____
TOTAL DUE ON ACCOUNT _____
LESS: PAYMENT RECEIVED: _____

BALANCE DUE ON ACCOUNT _____