

Featheringill Mortuary  
(619) 583-9511  
6322 El Cajon Blvd.  
San Diego, CA 92115

These are the forms that you will need for Burial.

You may not need the Order for Release of Remains (Medical  
Examiner) form

Please let us know if we can be of assistance.

# Information to be obtained for use on the Death Certificate

Name		First	Middle	Last
Also Know As: <i>(include full name)</i>				
Date of Birth:		Birth State and City:		Ever in U.S. Armed Forces?
				Yes    No    Unknown
Social Security Number:		Marital Status: <i>circle one</i>		Divorced    Widowed
		Married    Never Married		
Name of Surviving Spouse		First	Middle	<u>Maiden</u> Last Name
Highest Level of Education: <i>circle one</i>				
0-12 years: _____ High School Grad.    GED    Some College    Associate    Bachelor's    Master's    Doctorate    Professional				
Usual Occupation: Type of work for most of life, not retired		Type of Business or industry & Name of Employer:		Years in occupation:
Decedent Spanish/Hispanic/Latino?				
NO    Yes _____				
Race: Up to 3 races may be used				
Decedents Residence / Address:				
City:		County:	State:	Zip Code:
				Years in <b>County</b> :
Decedents Fathers Name		First	Middle	Last
				<u>State of Birth</u>
Decedents Mothers Name		First	Middle	<u>Maiden</u> Last Name
				<u>State of Birth</u>
Informant's Name and Relationship to deceased:				
Informant's Mailing Address:				
Informant's Telephone Number: Home		Work Number:		Mobile Number:

**SURVIVORS (numbers, names and cities of immediate, surviving family members only)**

<b>Spouse:</b>		<b>Companion:</b>	
<b>Daughters:</b>		<b>#:</b>	
<b>Sons:</b>		<b>#:</b>	
<b>Stepdaughters:</b>		<b>#:</b>	
<b>Stepsons:</b>		<b>#:</b>	
<b>Parents:</b>		<b>#:</b>	
<b>Sisters:</b>		<b>#:</b>	
<b>Brothers:</b>		<b>#:</b>	
<b>Grandparents:</b>		<b>#:</b>	
<b>Number of Grand:</b>		<b>Number of Gt. Grand:</b>	
<b>Grandchildren:</b>		<b>#:</b>	

## Disclosure of Preneed Funeral Agreement

The funeral establishment, Featheringill Mortuary \_\_\_\_\_  
license number FD 1083, **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.

**RELEASE AUTHORIZATION**

**TO:** \_\_\_\_\_

**THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE**

**REMAINS OF:** \_\_\_\_\_

**TO: Featheringill Mortuary, 6322 El Cajon Blvd., San Diego, CA 92115,**

**INCLUDING ITS AGENTS.**

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

\_\_\_\_\_  
(signature) (relationship to decedent) (date)

\_\_\_\_\_  
(signature) (relationship to decedent) (date)



# ORDER FOR RELEASE OF REMAINS

**TO:** MEDICAL EXAMINER, COUNTY OF SAN DIEGO

**RE:** REMAINS OF \_\_\_\_\_, ME CASE # \_\_\_\_\_

I certify that pursuant to the State of California Health & Safety Code, Section 7100, it is my legal right to control the disposition of the remains referenced above, the location and conditions of interment, and arrangements for funeral goods and services to be provided. I further certify that I am acting in the capacity of: Legal Next of Kin, OR Executor/Executrix, OR Agent with Durable Power of Attorney for Health Care (must be for Health Care) OR other legal capacity (please INITIAL the appropriate category). If acting in a capacity other than Legal Next of Kin, I have attached a copy of the relevant appointing document(s).

I acknowledge that, pursuant to the State of California Government Code Sections 27472 and 54985 and Resolution No. 03-086 of the Board of Supervisors, County of San Diego, I may be liable for Medical Examiner fees of \$173 for transportation (\$153) and body pouch (\$20) and agree to pay said fees promptly if invoiced. \_\_\_\_\_ (please INITIAL).

Therefore, upon completion of your examination of the deceased please release the remains referenced above to the custody of the service designated below. If possible please **RELEASE** OR DO NOT RELEASE (please INITIAL desired choice) all of the deceased's personal property in your care with the remains. I understand that personal property can only be released during regular working hours (M-F 8-5, except holidays).

Print Name of Designated Mortuary, Cremation Society, or other Disposition Service \_\_\_\_\_

Print Name of Person Signing \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Mailing Address of Person Signing \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip Code of Person Signing \_\_\_\_\_

City, State Where Signed \_\_\_\_\_

DECEDENT INFORMATION					
Name of Deceased - First (Given)	Middle	Last (Family)	Gender	Date of Death	
Date of Birth	Age	Place of Birth	Social Security Number	Race	
Marital Status	Occupation	Residence Address:			

## FOR MEDICAL EXAMINER DEPARTMENT USE ONLY

**Fees Waived:** \_\_\_\_\_ **Manner of Payment** \_\_\_\_\_

14 & Under \_\_\_\_\_ Receipt # \_\_\_\_\_ PA \_\_\_\_\_

Criminal Act of Another \_\_\_\_\_ Mortuary \_\_\_\_\_ Active Duty Military \_\_\_\_\_

Indigent \_\_\_\_\_ Other \_\_\_\_\_

Person Executing This Order For Release \_\_\_\_\_

ME FAA License # \_\_\_\_\_