

## 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> Married    Never Married    Divorced    Widowed	
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 <u>County</u> :
Decedents Fathers Name First	Middle	Last	<u>State</u> of Birth
Decedents Mothers Name First	Middle	<u>Maiden</u> Last Name	<u>State</u> of Birth
Informant's Name and Relationship to deceased:			
Informant's Mailing Address:			
Informant's Telephone Number: Home	Work Number:	Mobile Number:	

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: Featheringill Mortuary (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:

Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115  
(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 \_\_\_\_\_

Executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at 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 CA.

(s) \_\_\_\_\_

## Disclosure of Preneed Funeral Agreement

The funeral establishment, Featheringill Mortuary,  
(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.

# COUNTY OF SAN DIEGO MEDICAL EXAMINER

5570 OVERLAND AVENUE, SUITE 101, SAN DIEGO, CA 92123-1206  
PHONE: 858-694-2895

## 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 Ordinance No. 10151 of the Board of Supervisors, County of San Diego, I may be liable for Medical Examiner fees of \$280 for transportation (\$245) and body pouch (\$35) and agree to pay said fees promptly. \_\_\_\_\_ (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:		

### MEDICAL EXAMINER DEPARTMENT USE ONLY

#### Manner of Payment

Person Executing This Order For Release \_\_\_\_\_ Bill Mortuary \_\_\_\_\_ Mortuary Pre-Pay \_\_\_\_\_  
Active Duty Military \_\_\_\_\_ PA \_\_\_\_\_ Under 14 \_\_\_\_\_ Family Requested Autopsy \_\_\_\_\_ Other \_\_\_\_\_

ME FAS \_\_\_\_\_

Rev. 07/14/2011