

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.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of Featheringill Mortuary (619) 583-9511, will be cremated by
Southern California Crematory (951) 471-1111 and shall be disposed of in the
following manner (Note 1): _____

Name of Person Arrangements are for

Name of Funeral Establishment and Telephone Number

Name of Crematory and Telephone Number

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

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** _____
Person(s) contracting for cremation services

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.

Southern California Crematory

AUTHORIZATION FOR CREMATION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition the remains of _____

Name of Deceased

Address of Deceased _____

herein after referred to as the "Deceased").

I/We hereby request and authorize _____ (Hereinafter referred to as the "Funeral Home") to take

possession of and make arrangements for the cremation of the remains of the Deceased at SOUTHERN CALIFORNIA CREMATORY (hereinafter referred to as the "Crematory").

Name of Crematory

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? Yes No Describe _____

Description of urn or container selected: _____ Suitable for shipping: Yes No

Deliver to _____
Name and Address of Cemetery

Release to Family _____
Name of Designated Family Member to Receive Cremated Remains

Scattering at sea by Funeral Home or Funeral Home's Agent

Ship via _____
To: Name _____ Address _____

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the files, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such non-combustible casket in any lawful manner it deems appropriate.

Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Please Initial One

If no instruction for disposition is given, such items may be disposed at the discretion of the Funeral Home.


The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame.

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 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 inurnment 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.

Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically processed to an unidentifiable consistency prior to placement in an urn or other container.

I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains for the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

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

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representation and statements made herein are true and correct.

Signature _____ Print Name _____ Relationship to Deceased _____
Address _____ Tel. No. () _____
Street City State Zip

Signature _____ Print Name _____ Relationship to Deceased _____
Address _____ Tel. No. () _____
Street City State Zip

WITNESS _____ Date: _____

In the absence of a living spouse and in the absence of instructions by the decedent, a funeral director or cemetery authority may rely on instructions given by the child or children who represent:

- A. The above are the sole surviving child or children
- B. That they constitute a majority of the surviving children
- C. That they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instructions on the part of half or more of all surviving children.

SIGNATURE REQUIRED ON REVERSE

COUNTY OF SAN DIEGO MEDICAL EXAMINER

5570 OVERLAND AVENUE, SUITE 101, SAN DIEGO, CA 92123-1205
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:		

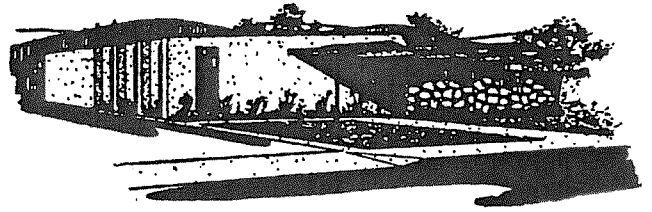
MEDICAL EXAMINER DEPARTMENT USE ONLY

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



COLLEGE CENTER CHAPEL
6322 El Cajon Boulevard
San Diego, CA 92115-2699

Telephone (619) 583-9511
Fax: (619) 583-7038

State License #FD1083

CASKET RENTAL

NAME OF DECEASED _____

This is to acknowledge that the undersigned is aware that the casket being used in conjunction with the funeral services for the above named deceased is a rental casket which may have been used previously and which likely will be used again.

The undersigned further acknowledges that he/she is fully aware that at the conclusion of the funeral service for the above named deceased, the alternative container containing said deceased will be removed from the rental casket for cremation or interment and the casket in question shall remain the sole property of.....FEATHERINGILL MORTUARY.

The undersigned certifies that he/she has full and complete authority to sign this release and further agrees to hold the funeral home, its affiliates, agents, employees, and assigns free and harmless from and against any claims and/or liabilities of any type, kind and character resulting from the use of the rental casket herein described.

DATED THIS _____ DAY OF _____, _____

(SIGNATURE AND RELATIONSHIP TO DECEASED)

(COMPANY REPRESENTATIVE)