

CREMATION SOCIETY OF LOS ANGELES

6427 S. Eastern Avenue

Bell Gardens, California 90201

FD-1694

(323) 773-1234

fax (323) 773-3345

The information below will be needed to complete the Death Certificate. All Boxes must be filled in. If information is unknown and you are not able to obtain it, please indicate by writing "UNKNOWN" in the box.

Name - First	Middle	Last (family)	
Date of Birth	Age	Place of Birth (city & state)	Sex
Social Security Number	Military Service	Marital Status	Years of Education
Race	Hispanic - Specify	High School/College Degree Obtained	
Occupation	Kind of Business	Years in Occupation	
Residence (street address)		City	
County	Zip Code	Years in County	State
Informant (next of kin)	email address:		Relationship
Address (street, city, state & zip code)			Telephone Number
Name of Surviving Spouse - First	Middle	Last (Maiden)	
Name of Father - First	Middle	Last	Birth State
Name of Mother - First	Middle	Last (Maiden)	Birth State
Name of Cemetery or Disposition of Ashes			
Address (street, city, state)			

EMAIL ADDRESS: _____



CREMATION SOCIETY
OF LOS ANGELES

"Family Owned - Family Operated"

6427 S EASTERN AVENUE
BELL GARDENS, CA 90201
323-773-1234 tel
323-773-3345 fax
FD 1694

AUTHORIZATION FOR RELEASE OF HUMAN REMAINS

Regarding: _____ (decedent)

Please release the human remains of the foregoing decedent to Cremation Society of Los Angeles.

I verify that I am the next of kin and have the right to control disposition of the remains according to the Health and Safety Code of the State of California.

Signed: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Cremation Society of Los Angeles FD1694

6427 S. Eastern Avenue

Bell Gardens, California 90201

323-773-1234

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Cremation Society of Los Angeles
(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:

Allen-English & Estrada Funeral Service, 6435 S. Eastern Avenue, Bell Gardens, CA 90201
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

X 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)

Authorization for Cremation and Disposition of Human Remains

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NOTE: This is an important legal document, which you should read carefully before signing. If you have any questions, please ask your funeral Counselor. For more information on Funeral, Cemetery and Cremation matters, please contact: The Department of Consumer Affairs Cemetery and Funeral Bureau at 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 variations. Subject to the rules and regulations of *The Gardens Crematory ("The Crematory")* and any applicable federal, state and local laws or ordinances, the undersigned hereby certifies, warrants and represents that they have the full legal right and authority to authorize, and do hereby authorize *The Crematory* to perform the cremation for the remains of:

Last Name _____ First Name _____ Middle Name _____

ADDRESS OF DECEASED:
(Last known residential address) _____

PLACE OF FINAL DISPOSITION:
("At Sea," or the name of the cemetery if remains are going to be buried, or the physical address where they will be placed/stored.) _____

NO, I hereby DECLINE to view or witness the insertion of the Decedent at The Gardens Crematory: INITIAL _____

YES, I REQUEST a viewing of the decedent at the Crematory: Date/Time _____ / _____ INITIAL _____
Need RED TAG FORM to reserve date and time

ID VIEWING OR WITNESS INSERTION
TIME LENGTH: _ 15 MIN/ 30 MIN/ 45 MIN/ 1 HOUR+
CASKET: OPEN/ ICLOSED
SPECIAL INSTRUCTIONS: _____

X SIGNATURE OF AUTHORIZED AGENT: _____

Is Decedent over 250 LBS? _____ Weight of Decedent _____

Funeral Home/Cremation Society handling the arrangements: Cremation Society of Los Angeles (FD-1694)

Casket/Containers: *The Crematory* 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 human remains. 3) Be resistant to leakage or spillage. 4) Be sufficient for handling with ease. 5) Be able to provide protection for the Health and Safety of *The Crematory* personnel. *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/Cremation Society directly for instructions. Metal, Plastic, Fiberglass Caskets/Cremation Containers will not be allowed to be cremated. *The Crematory* is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. I/we further authorize *The Crematory* to make the disposition of any noncombustible items in any lawful manner it deems appropriate. These may include, but not limited to hinges, handles, latches, etc. In the event the urn or any other container is insufficient to accommodate all the cremated remains, the excess cremated remains will be placed in a separate receptacle (plastic urn) at no addition charge. The plastic urn will be kept with the primary receptacle and handled according to the disposition instructions on this form.

Casket or Cremation Container Selected _____ CB1 _____ Urn Selected _____ Plastic _____

Pacemakers, 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/or implants and is not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to *The Crematory* personnel or equipment by such devices or implants. By initialing the paragraph, I/we give permission to *The Crematory*, Funeral Home/Cremation Society and any member of their staff to remove the surgical hardware as referenced above prior to cremation. *The Crematory* and/or the Funeral Home/Cremation Society are authorized to dispose of the device(s) as deemed appropriate.

Pacemaker (please circle) Yes No INITIAL ► _____
If "YES" additional charges will apply

Decedent Name: _____

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The Cremation Process

The human body burns with the casket, container and/or other materials 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 the 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 inurnment. Some residue remains in the cracks in uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgment shall be filed and retained, for at least five years by the person who disposed of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold and silver or jewelry (as well as any 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. 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 noncombustible materials, where possible, will be separated and removed from the human bone fragments by visible selection. *The Crematory* is authorized to dispose of these materials with similar materials from other cremations in a manner they deem fit 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 into the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contained recognizable bone fragments. 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 the placement into the designed container.

INITIAL ► _____

I/We authorize *The Crematory* to release the cremated remains of the Decedent to the possession and custody of the Funeral Home/Cremation Society. Cremated remains will be delivered by *The Crematory* to the Funeral Home/Cremation Society unless otherwise instructed, in writing, signed by the Funeral Home/Cremation Society and the Authorized Agent. 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/Cremation Society.

INITIAL ► _____

Authorizing Agents: An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to the Health and Safety Code Section 7100. 1) Decedent, 2) An agent under Power of Attorney of 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 nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold harmless *The Gardens Crematory*, the Funeral Home/Cremation Society, their affiliates, employees and/or assignees harmless from any and all losses, damages, cost or expense resulting from the Funeral Home/Cremation Society and *The Crematory's* reliance on or performance consistent with directions, declarations, representation, authorization and agreement 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 have waived my/our rights of identification of the Decedent that were delivered to the Funeral Home/Cremation Society as the Decedent. **I/We have authorized the Funeral Home/Cremation Society to deliver the Decedent to *The Crematory* and to be cremated by *The Crematory* per this Authorization for Cremation and Disposition of Human Remains agreement.**

Executed at _____ **on the** _____ **day of** _____
City, State **Day** **Month, Year**

X **Signature of Authorized Agent(s):** _____ **Relationship** _____

Printed Name(s): _____

Address: _____

City, State, Zip Code _____

Phone number: _____

Witnessed By: _____

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

Evergreen Crematory

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): _____

X 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: _____

X Signed _____
Person(s) contracting for cremation services

Date _____

Signed _____ Lic. # _____
Funeral Director, Employee, or Agent for Funeral Establishment 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

Disclosure of Preneed Funeral Agreement

The funeral establishment, Cremation Society of Los Angeles,
(funeral establishment name)
license number FD 1694, **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

X _____
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.