

MiraLago

Funerals & Cremations

4097 Trail Creek Road, Riverside, CA 92505

Telephone (951) 848-0075 Fax 951 824-2075 Email: MiraLagoFamily@Gmail.com

FD 2406

Dignified Cremation Arrangement Packet

This package contains the necessary forms required by the State of California to authorize a Burial with *MiraLago* Funerals & Cremations. Carefully read all forms, fill them out completely, sign and initial where required, return them, along with your deposit and or payment.

We welcome your call with any questions that you may have, in need of help filling out forms, we are more than happy to assist you.

Our business hours are 9 a.m. to 5 p.m. Monday through Saturday, Personnel available 7 days a week, in addition a 24-hour on-call service is available for your convenience (951) 295-4830. Calls received after regular business hours, will receive a call-back by a member of our staff the following day. In the event of an urgency, we will call back immediately after receiving your request.

Please feel free to call our office at (951) 295-4830 / 951 848-0075; Our goal is to help you through life's most difficult moments while at the same time helping to reduce the financial hardship caused by the unexpected death of a family, friend or loved one.

NOTE: Decedent's held by County Coroner's Office require a signed "Coroner's Release Authorization Form" and coroner fee paid before or a time of removal. **(County Coroner's Fees Are Not Included In Price)** Riverside \$320.00, San Bernardino\$253.38, San Diego\$280.00, Los Angeles\$359.00, Orange \$318.00,Ventura\$0.00, Santa Barbara \$100.00, Kern \$100.00, Imperial\$100.00, San Jose \$210.00 (Corner fee subject to change without notice)

Contact Person NOK: _____ Relationship: _____
(Person authorized to make decisions)

Email: _____ Telephone: _____

Legal Name of Deceased: _____

Death has occurred Prearrangements Death is imminent.

Date: _____

PLEASE BE SURE TO SIGN, AND RETURN ALL REQUIRED DOCUMENTS

1. Order For Release of Remains.
2. Disclosure of Pre-Need Funeral Agreement
3. Authorization to Accept or Decline Embalming.
4. Identification Viewing Disclosure.
5. Statistical Death Certificate work sheet, information, required to complete death certificate.
6. **Decedent (ID) Identification (SSN) Social Security Card or Number**
7. **Current Photo Used for Visual Identification Purposes at Time Of Pick-Up**
8. **Death Certificate Release Form / Upon Completion**

Select A Time-Honored Traditional Funeral Burial Package

Direct Burial \$1,995 or Funeral Service Following Burial \$5,495 Casket Included

***Which of the Following Best Describes Your Needs?
10 Burial Packages Select From***

GPL 49 / Direct Burial Service: Basic Cemetery Burial Package with No attendants or services Includes all necessary services; Wood Casket, Permits, Filing death certificate, notify Social Security (Veterans cemetery Services included)... Complete package information may be requested. **Total Package Price: \$1995.00**

GPL 50 / Traditional Cemetery Graveside Burial Tribute:: Basic Cemetery Burial Package Includes all necessary services; Wood Casket (HVC58), Permits, Filing death certificate, notify Social Security (Veterans cemetery Services Available)... Complete package information may be requested. **Total Package Price: \$2,995.00**

The following Packages Include; One Day Event, Stainless Steel, Wood, 18 or 20 Gauge Casket, traditional open or closed casket viewing funeral service, followed by cemetery interment, Professional services of staff, Department of Consumer Affairs Regulatory Fee, County Disposition Permit, One Death Certificate, Transportation from place of death to our care center, Refrigeration of Remains, Embalming, Sanitizing, Bathing, Cosmetizing, Dressing, Casketing & other Care. Use of Chapel, Graveside Assistants, use of Utility Vehicle, Funeral Hearse and Driver, Boutonnieres, White Gloves, Gust Book, Service Cards, Poem Cards... Complete package information may be requested. (Veterans Honor Package Available)

GPL 98 A Peaceful Tribute:

Funeral Services \$4,295.00 / Casket \$595.00 / Total Package Price: \$4,795.00

GPL 99 / Traditional Family Tribute:

Funeral Servie \$4,200.00 / Casket \$1,295.00 / Total Package Price: \$5,495.00

GPL 100 / Homeward Bound Tribute:

Funeral Service \$4,200.00 / Casket \$1,695.00 / Total Package Price: \$5,895.00

GPL 101 / Family Memorial Tribute:

Funeral Service \$4,200.00 / Casket \$1,895.00 / Total Package Price: \$6,095.00

GPL 102 / Veterans Memorial Tribute:

Funeral Service \$4,200.00 / Casket \$1,895.00 / Total Package Price: \$6,095.00

GPL 103 / A Touch of Elegance Tribute:

Funeral Service \$4,200.00 / Casket \$2,495.00 / Total Package Price: \$6,695.00

GPL 104 / Everlasting Tribute:

Funeral Service \$4,200.00 / Casket \$1,895.00 / Total Package Price: \$7,195.00

GPL 105 / Royal Tribute:

Funeral Service \$4,200.00 / Casket \$3,495.00 / Total Package Price: \$7,695.00

GPL 106 / Presidential Tribute: Funeral Services

Funeral Service \$4,200.00 / Casket \$3,495.00 / Total Package Price: \$9,495.00

GPL 13/50 / Candlelight Vigil

Next Day Cemetery Interment Funeral Service

Funeral Service \$4,500.00 / Casket \$795.00 / Total Package Price: \$5,195.00

TYPE OF PAYMENT: Check Cash Credit Card - Visa MasterCard

Decedents Name: _____

NOK Name & Address: _____

Email: _____ For security purposes you may request Call-In Pay By Phone



Funerals & Cremations FD 2406

Corporate Office 4097 Trail Creek Road 110, Riverside CA 92505

24HR (951) 295-4830 (951) 848-0075 FAX (951) 824-2075 E-mail: MiraLagoFamily@gmail.com

DEATH CERTIFICATE - INFORMATION WORKSHEET FOR DECEASED PERSON

IT IS VERY IMPORTANT THAT THIS INFORMATION IS ACURATE

The vital statistics information shown below is required by the state Register and appears on the original certificate of death. Once this information is filed with the register, change can only be made by filing an affidavit. Filing an affidavit will result in additional cost, and cost for new certified copies of the amended certificate of death. New corrected copies of the certificate of death will then be made available. Decedent Name: _____

I, the undersigned attest that the information provided below is accurate to the best of my knowledge.

Informant Information: Name; _____ Address: _____

Telephone #: _____ Alternative Phone # _____ Signature: _____

Email: _____ Date _____ NOK: _____

Arrangement counselors are available to assist you in completing forms

A. Pacemaker / Fibrillation "Check One"
Yes No

14. Spanish / Hispanic / Latino? (If Yes-Specify) _____

Name of Decedent (Given Legal Name) (1,2,3)

15. Latino _____

1. First Name _____

16. Decedents Race (up to 3 Races)

2. Middle Name _____

A _____

3. Last Name _____

B _____

(1 A) Aka Also Known As - Include Full AKA (First, Middle, Last) _____

C _____

4. Date Of Birth _____

17. Usual Occupation (Type of Work for Most of Life) _____

5. Age (Years) _____ Weigh _____ Height _____

18. Kind of Business of Industry (Grocery Store, Construction, Labor, Food Industry) _____

6. Sex: "Check One" Male Female Other

19. Years In Occupation _____

7. Date of Death _____

20. 20,23,25Decedents Residence (Physical Address) _____

8. Time of Death / Hours _____

21. City _____

9. Birth State / Or Foreign Country & State: _____

22. County/ Province _____

10. Social Security Number _____

23. Zip Code _____

11. Ever in The Us Armed Forces: "Check One"

24. Years in County _____

YES NO Branch: _____

25. State / Foreign Country _____

12. Marital Status (At Time Of Death) "Check One"

25 A: Homeless Status: "Check One"

Single - Married - Divorced - Widowed

YES NO UNKNOWN

Legally Separated - Domestic Partner

13. Education / High School Level / Degree: _____

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26. Informants First Name, Last Name
Relationship

27. Informants Mailing Address
Email:

28. Name of Surviving Spouse - First

29. Name of Surviving Spouse - Middle

30. Name of Surviving Spouse - Last

31. Name of Decedents Fathers - First

32. Name of Decedents Fathers - Middle

33. Name of Decedents Fathers - Last

34. Fathers Birth State

35. Name of Decedents Mothers - First

36. Name of Decedents Mothers - Middle

37. Name of Decedents Mothers - Last (Maiden)

38. Mothers Birth State

39. Burial Date

40. Place Of Final Burial

41. Type of Burial: Check One
Cremation - Cemetery Interment - Sea
Other:

101 - Place of Death: Check One
Home - Hospital - Other
102 - If Hospital (Give Name of Hospital)
Check One IP ER OP DOA

Decedent Affairs Phone:

103 - If Not Hospital (Specify Location) Check One
Hospice - Nursing Home Ltc - Decedents Home
Other

104 Place Of Death: County:

105 Facility Address or Location Were Found:

Hospital Number:

Attestation Doctor:

Doctor:

TEL:

FAX:

SERVICE: Type of Funeral Service Requesting:

Number of Death Certificate Copies Requested:
(\$24.00 Ea. \$35 Processing Fee)

Other Information:

Disclosure of Preneed Funeral Agreement

The funeral establishment, MiraLago Funerals & Cremations,
(Funeral establishment name)

license number FD 2406 **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 (DocuSign Authorization on file)

Date

Print name of the survivor or responsible party (NOK)

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 pre-need account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.

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AUTHORIZATION ORDER FOR RELEASE OF REMAINS

Date _____

Order for Release of Remains To: _____
Hospital, Healthcare Facility, Hospice Organization ect.

Address _____ City _____

State _____ Zip _____ Telephone _____ Cell _____

Name of Decedent _____ Date of Death _____

I certify that, pursuant to *Section 7100, Health and Safety Code and 27491.3 of the Government Code of the State of California*, that it is my legal right to control the disposition of the remains of the above-named decedent and to select any funeral director or disposition service. I hereby request that you release the remains in your custody to: **MiraLago Funerals & Cremations 4097 Trail Creek Road, Riverside, CA 92505 - FD 2406** - I understand that the transportation fee is included in the funeral home's packages. Also, I understand that if after the removal I choose a different funeral home, I will pay the itemized transportation fee of \$495.00.

Name of Next of Kin _____ Relationship _____

Please Print Address _____
City, State, Zip Code _____

Telephone #: _____ Alternative Telephone # _____

Signed X _____ Date _____

Date/Time Remains Removed _____

Remains Released To _____ Signature X _____

Remains Released By _____ Signature X _____

NOTE: MiraLago Funerals & Cremations does not accept responsibility for decedent's personal effects.

Item(s) removed _____

Item(s) released to _____ Relationship _____

X _____ X _____ X _____
Person Receiving Witness Funeral Home Representative

Item(s) unable to be removed at location _____

Item(s) will be returned to the legal next of kin at funeral home.

Rev05/15/21

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: MiraLago Funerals & Cremations FD 2406
(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:

405 E. Industrial Rd. San Bernardino CA92408 FD 2167 / 128 North Riverside Ave. Rialto, CA 92376 FD 2034
(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)

Identification Viewing Disclosure

Many families who do not wish to have a traditional casket viewing of their loved one may request an Identification Viewing. The purpose of this I.D. Viewing is to provide peace of mind and to give family members the opportunity to identify and verify that this is indeed their loved one. In addition, it provides an opportunity to spend some private time with their loved one and have a final goodbye.

Your loved will require Minimum Preparation to prepare the deceased's body for viewing prior to the burial or cremation. Such preparation may include washing the hair and body, setting of the features (i.e., closing the eyes and mouth). It does not include embalming, dressing or casketing. The loved one will be carefully placed on a dressing table or in the cremation container for the viewing.

The undersigned acknowledges that the purpose of this preparation is to make the appearance of the deceased more presentable for viewing. Identification Viewing is up to 1 hour. Maximum of 10 persons. The fee for staff, preparation and use of facilities is \$595.00 (Additional persons may view at \$20.00 each if approved by Legal Next of Kin)

NOTE: Only a maximum of 10 persons will be permitted. There will be no add-ons. If more than 10 persons are desired, a traditional chapel viewing is available. Funeral staff will distribute liability form to attendees. For privacy and security, attendees will provide their I.D. Card at time of arrival. Minor children will be signed for by legal parent or guardian.

Pursuant to Health & Safety Code Section 7100 I, _____
Legal Next of Kin, Relationship

Have the right to control disposition of _____
Name of Deceased

I,

Initial **Request Identification Viewing** _____
Initial **Decline Identification Viewing**

I.D. Viewing Appointment Date & Time: _____

If having declined to make identification through actual viewing of the remains of the above named deceased, I hereby agree to indemnify and hold MiraLago Funerals & Cremations and Family Memorial Mortuary and Crematory., and its officers, directors, affiliates, agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action, including attorneys' fees and expenses of litigation brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

X _____

Signature of Legal Next of Kin

Date

X _____

Signature of Witness

Date

X _____

Signature of Funeral Representative

Date

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