

# MiraLago

## Funerals & Cremations

9814 Magnolia Avenue, Riverside, CA 92503

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 cremation 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. 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) 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 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 (Coroner 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 / County Coroner release form if required
2. Disclosure of Pre-Need Funeral Agreement
3. Authorization To Accept or Decline Embalming.
4. Identification Viewing Disclosure.
5. Declaration For Disposition of Cremated or Hydrolyzed Human Remains.
6. Authorization For Cremation & Disposition of Human Remains.
7. Statistical Death Certificate work sheet, information, required to complete death certificate.
8. **Decedent (ID) Identification (SSN) Social Security Card or Number**
9. **Current Photo used for visual identification purposes at time of pick-up**
10. **Cremated Remains Release Form / Upon Completion**
11. **Death Certificate Release Form / Upon Completion**

***Select A Time-Honored Traditional Cremation Packets  
Direct Cremation \$1295 or Funeral Service Following Cremation \$4,295***

**Which of the Following Best Describes Your Needs?  
9 Cremation Packages Select From**

**1-GPL 37 / Direct Cremation Service:** Basic Cremation Package with No attendants or services, Included necessary services; plastic cremation urn, permits, notify Social Security... **Total Package Price: \$1295.00**

**GPL 50.** Crematorium ID viewing \$595, Crematorium Witness Insertion \$375.00 (2-10 guest) **\$2,265.00**

**2-GPL 38 / Direct Cremation with Burial at Sea:** Basic Cremation with No Service, unattended burial at Sea, Includes the following necessary services, temporary transfer plastic cremation urn, permits, notify Social Security... **Total Package Price: \$1,495.00**

**3-GPL 46 / Traditional Viewing Service with Unattended Cremation:** One day event, traditional open or closed casket viewing service, followed by unattended cremation, rental casket, plastic urn, permits and necessary services, notification to Social Security included... **Total Package Price: \$4,295.00**

**4-GPL 45 / Traditional Cremation with Graveside Service:** Unattended cremation, followed by a one day graveside with family & friends funeral service. Includes the following necessary services; plastic cremation urn, permits, Filing death certificate, notify Social Security... **Total Package Price: \$2,995.00**

**5-GPL 42 / Cremation / Memorial Celebration Service:** Direct cremation followed with a schedule memorial Get-Together with or without Urn present, 1 day event. Includes the following necessary services; plastic urn, permits, Filing death certificate, notify Social Security... **Total Package Price: \$2,995.00 / Cemetery Services \$3,595**

**6-GPL 47 / Traditional 2-Day; Home Vigil & Next Day Funeral Service Followed By Cremation:** Traditional permits, filing death certificate, notify Social Security... **Total Package Price: \$5,295.00**

home vigil with open or closed casket funeral service, followed by cremation. Includes rental casket & plastic urn,

**7-GPL 39 / Direct Cremation Followed Scheduled with a 12 Passenger Yacht, Burial Ceremony at Sea:** Basic Cremation with 12 Family & Friends, Burial at Sea Service. Temporary transfer plastic cremation urn, flowers, food, beverage, permits, filing death certificate, notify Social Security... **Total Package Price: \$2,495.00**

**8-GPL 13 / Candlelight Vigil:** Just Before Sunset, Family and Friends gather together for a Candlelight Vigil – A One Day Event: Offers an opportunity for Family and Friends to come together in an Honorable and Respectable Manner. (Max 100 Guest) **Total Package Price: \$2,295.00**

**9-GPL 13, 37 / Direct Cremation Followed Up by Candlelight Vigil:** - One Day Event (Max 100 Guest) Just Before Sunset family and friends gathered together for a candlelight vigil, this event offers family and friends the opportunity to come together in an honorable and respectful Manner to offer the condolences to one another, celebrating the life of a loved one. **Total Package Price: \$3,495.00**

**Package Selected:** \_\_\_\_\_

TYPE OF PAYMENT:  Check  Cash  Debit or Credit Card 5%Bank Fee -

Telephone \_\_\_\_\_ Phone# \_\_\_\_\_ E-Signature \_\_\_\_\_

Purchase Address: \_\_\_\_\_

Decedents Name: \_\_\_\_\_ Purchasers Email Address: \_\_\_\_\_

Next Of Kin: \_\_\_\_\_ Decedent AKA: \_\_\_\_\_



Funerals & Cremations FD 2406

9814 Magnolia Avenue, Riverside, CA 92503

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 # \_\_\_\_\_ E-Signature: \_\_\_\_\_

(Electronic signature Date 24hr-Time)

Email: \_\_\_\_\_ Date \_\_\_\_\_ NOK: \_\_\_\_\_

Arrangement counselors are available to assist you in completing forms

A. Pacemaker / Fibrillation "Check One"

Yes No Unknown

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

1. First Name \_\_\_\_\_

2. Middle Name \_\_\_\_\_

3. Last Name \_\_\_\_\_

(1 A) Aka Also Known As – Include Full AKA (First, Middle, Last) \_\_\_\_\_

4. Date Of Birth \_\_\_\_\_

5. Age (Years) \_\_\_\_\_ Weigh \_\_\_\_\_ Height \_\_\_\_\_

6. Sex: "Check One" Male Female Other

7. Date of Death \_\_\_\_\_

8. Time of Death / Hours \_\_\_\_\_

9. Birth State / Or Foreign Country & State: \_\_\_\_\_

10. Social Security Number \_\_\_\_\_

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

YES NO Branch: \_\_\_\_\_

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

Single - Married - Divorced - Widowed Legally Separated - Domestic Partner

13. Education / High School Level / Degree: \_\_\_\_\_

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

15. Latino \_\_\_\_\_

16. Decedents Race (up to 3 Races)

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

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

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

19. Years In Occupation \_\_\_\_\_

20. 20,23,25Decedents Residence (Physical Address) \_\_\_\_\_

21. City \_\_\_\_\_

22. County/ Province \_\_\_\_\_

23. Zip Code \_\_\_\_\_

24. Years in County \_\_\_\_\_

25. State / Foreign Country \_\_\_\_\_

25 A: Homeless Status: "Check One"

YES NO UNKNOWN

MiraLago

Funerals & Cremations FD 2406

9814 Magnolia Avenue, Riverside, CA 92503

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

Arrangement counselors are available to assist you in completing forms

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

X 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:

# MiraLago

## Funerals & Cremations

9814 Magnolia Avenue, Riverside, CA 92503  
Telephone (951) 848-0075 - 24Hr (951) 295-4830 - Fax (951) 824-2075 - FD 2406

### AUTHORIZATION ORDER FOR RELEASE OF REMAINS

Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Case # \_\_\_\_\_

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 \_\_\_\_\_  
(Electronic Signature)

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

## 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 (Electronic signature)

\_\_\_\_\_  
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.

**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: \_\_\_\_\_  
(Electronic signature)

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* (Electronic signature) *Date*

X \_\_\_\_\_  
*Signature of Witness* *Date*

X \_\_\_\_\_  
*Signature of Funeral Representative* *Date*

MiraLago Funerals & Cremations  
9814 Magnolia Avenue, Riverside, CA 92503  
Tel. 951 848-0075 - Fax (951) - 824-2075  
Email: MiraLagoFamily@gmail.com FD 2406



## DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
Name of Person arrangements are for  
 the possession of MiraLago Funerals & Cremations FD 2406 will be cremated or  
Name of Funeral Establishment and Telephone Number  
 hydrolyzed by FAMILY CREMATORY 909.796.6000 and shall be disposed of in the following  
Name of Crematory or Hydrolysis Facility and Telephone Number  
 manner<sup>1</sup>: \_\_\_\_\_  
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition<sup>2</sup>: \_\_\_\_\_

<b>Signed</b> _____ <small>Person(s) with legal right to control disposition to Self, if pre-arranging</small>	<b>Date</b> _____
<b>Signed</b> _____ <small>Person(s) with legal right to control disposition (Electronic signature)</small>	<b>Date</b> _____
<b>Signed</b> _____ <small>Person(s) with legal right to control disposition</small>	<b>Date</b> _____

Name of person(s) contracting for cremation or hydrolysis services: \_\_\_\_\_

<b>Signed</b> _____ <small>Person(s) contracting for cremation or hydrolysis services</small>	<small>(Electronic signature)</small>	<b>Date</b> _____
<b>Signed</b> _____ <small>Funeral Director, Employee, or Agent for Funeral Establishment</small>	Lic. # <u>FD 2406</u> <small>if a Funeral Director</small>	<b>Date</b> _____

**IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS**

A person having the right to control disposition of cremated or hydrolyzed human remains may remove the remains in a durable container from the place of cremation, hydrolysis, or interment, pursuant to Health and Safety Code section 7054.6.

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

<sup>1</sup> See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.  
<sup>2</sup> See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.

**AUTHORIZATION FOR CREMATION AND DISPOSITION OF HUMAN REMAINS**

**LEGAL NAME OF DECEDENT:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**FUNERAL HOME:** MiraLago Funerals & Cremations FD 2406

**LAST KNOWN ADDRESS OF DECEASED:** \_\_\_\_\_

**PLACE OF FINAL DISPOSITION** \_\_\_\_\_

**INITIAL**

I authorize Family Crematory to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains. [NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment of cremation." [HSC 7110] He or she is personally liable for all damages occasioned.

**CHECK LEGAL RELATIONSHIP**

- 1 \_\_\_\_\_ I am making this authorization for myself.
- 2 \_\_\_\_\_ I am the Agent and Durable Power of Attorney for Health Care  
*(attach a copy of the Durable Power of Attorney for Health Care or Advanced Healthcare Directive)*
- 3 \_\_\_\_\_ I am the Surviving Spouse of the decedent.
- 4 \_\_\_\_\_ I am the surviving Registered Domestic Partner of the decedent.
- 5 \_\_\_\_\_ I am (We are) the Surviving Child (children- all or majority)
- 6 \_\_\_\_\_ →→ \_\_\_\_\_ **number of children** There being no surviving spouse/domestic partner
- 7 \_\_\_\_\_ I am (We are) the Surviving Parent (parents)
- 7 \_\_\_\_\_ →→ \_\_\_\_\_ **number of parents** There being no surviving spouse/domestic partner or children.
- 8 **X** \_\_\_\_\_ I am (We are) all or a majority of the Surviving Sister(s) and Brother(s)
- 8 \_\_\_\_\_ →→ \_\_\_\_\_ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents.
- 9 \_\_\_\_\_ I am (We are) all or a majority of the Surviving Niece(s) and Nephew(s)
- 9 \_\_\_\_\_ →→ \_\_\_\_\_ **number of nieces and nephews** There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- 10 \_\_\_\_\_ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.
- 10 \_\_\_\_\_ I am the Agent authorized by the Legal Next-of-Kin pursuant to California Health and Safety Code 7100. See attached authorization form(s).

**WITNESSED CREMATION** The crematory permits witness cremation by appointment only. It is assumed that the Authorizing Agent DOES NOT request a witness cremation of the herein named decedent. If a witness cremation is desired, the Authorizing Agent will arrange scheduling and participate through the Funeral Home/Cremation Society:

- 1. I/We desire to identify the remains before cremation: **INITIAL** YES \_\_\_\_\_ NO \_\_\_\_\_  
(NOTE: Additional fee for ID Viewing applies)
- 2. I/We desire to witness the insertion into the cremation chamber: **INITIAL** YES \_\_\_\_\_ NO \_\_\_\_\_  
(NOTE: Additional fee for Witness Cremation applies)
- 3. I/We desire to witness the entire cremation process: **INITIAL** YES \_\_\_\_\_ NO \_\_\_\_\_  
(NOTE: Additional fee for Witness Entire Cremation Process applies)

**Mechanical or Radioactive Devices.** Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

**INITIAL**

**I certify that the remains of the Decedent DO \_\_\_\_\_ DO NOT \_\_\_\_\_ contain a Pacemaker /mechanical or radioactive device.**  
If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation.

I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

**INITIAL**

\_\_\_\_\_ I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

**INITIAL**

**I certify that the remains of the Decedent DO \_\_\_\_\_ DO NOT **X** \_\_\_\_\_ contain any jewelry of any kind.**

LEGAL NAME OF DECEDENT: \_\_\_\_\_ GENDER: \_\_\_\_\_

FUNERAL HOME: MiraLago Funerals & Cremations FD 2406

**Weight Limits.** Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory cannot cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs., another crematory may be used, and additional charges will apply.

**INITIAL** I certify that the Decedent is under 250 lbs. YES  NO \_\_\_\_\_ (Note: If NO, additional oversized fees will apply)

**Obligation of Crematory; Limitation on Damages.** The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains.) No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

**Retrieving Cremated Remains.**

We will only release to the authorized person(s) that you have listed on the Cremated Remains Release Form. Valid photo ID is required.

**ADDITIONAL FEE FOR SCATTERING WILL APPLY**

[NOTE: I understand that the Crematory is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains.]

**Cremation Container.** The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate at the legal responsible parties' expense.

**Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials.** Items such as personal mementos, clothing, jewelry, dental gold and silver, hinges, latches, nails, screws, staples, plates, metal prosthesis or implants and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as a metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. Any items on or about the deceased shall be cremated with the decedent and will be non-retrievable. Any personal property left in the crematory's care will be discarded after 20 days.

**The Cremation Process.** I acknowledge the following: 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 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 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.

**Time of Cremation.** The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule, and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

**Retrieving Remains.** Purchaser agrees that if the cremated remains are not picked up within twenty (20) days after the cremation, we may ship the cremated remains to the authorizing agent without notice and use the credit card on file for the additional shipping fees or may deliver the remains to a licensed cemetery for final disposition, or release to the proper public administrator as abandoned remains which may make the cremated remains unrecoverable.

For more information on Funeral, Cemetery, and Cremation matters contact: State of California Department of Consumer Affairs / Cemetery and Funeral Bureau 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

**SIGNATURES:** The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

**SIGN** PLEASE ATTACH A PHOTOCOPY OF VALID PHOTO IDENTIFICATION. IF NOT SIGNED IN FRONT OF FUNERAL HOME REPRESENTATIVE OR ELECTRONICALLY SIGNED, THIS DOCUMENT MUST BE NOTARTIZED OR SIGNED BY TWO WITNESSES.

\_\_\_\_\_  
DATE SIGNATURE (Electronic signature) PRINT NAME RELATIONSHIP TO DECEDENT

\_\_\_\_\_  
ADDRESS PHONE NUMBER

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

\_\_\_\_\_  
ADDRESS PHONE NUMBER

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

\_\_\_\_\_  
ADDRESS PHONE NUMBER

Funeral Home Witness Name \_\_\_\_\_ Signature \_\_\_\_\_