MiraLago
Funerals & Cremations FD 2406
Arrangement Center, 9814 Magnolia Avenue, Riverside, CA 92503
24/7 (951) 295-4830 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: X _____
(Electronic signature. [000000000000000]

Email: _____Date _____ NOK: _____
KOK Address: _____

Crroner Case Number:_____ 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, Middle, Last Name
2. _____
3. (1 A) Aka Also Known As – Include Full AKA - (F,M.L) _____
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

_____

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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:_____

Please advise Arrangement Counselor, about any specific religious needs.

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: _____

_____

_____

_____

_____

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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*** **9814 Magnolia Ave, Riverside, CA 92503 - 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 $595.00.

Name of Next of Kin _____ Relationship _____

Print _____

City, State, Zip Code

Telephone #: _____ Alternative Telephone # _____ Email: _____

X Signed X _____ Date _____

(Electronic Signature) ***[ES0]***

Date/Time Remains Removed _____

Remains Released To MiraLago Funerals & Cremations FD 2406 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.

Rev05/25

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.

There are no pre-need arrangements with this funeral

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 (Electronic signature) ***[ES0]*** Date

_____

Print name of the survivor or responsible party (NOK)

_____ _____

Signature of funeral establishment representative Date

Zacharias Melchizedek Funeral Arranger

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.

X Signed: _____, Relationship to Decedent: _____
(Electronic signature. ***[ES0]***

Executed this ____ day of _____, 202___, at Riverside California_____.
(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 _____, 2026, at Riverside California_____.
(Month) (Year) (City and State)

Zacharias Melchizedek_____ _____
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 with 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,

_____ I ☐ **Request Identification Viewing** _____ I ☐ **Decline Identification Viewing**
Initial *Intial*

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 offi-cers, 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) *[ES0]* *Date*

X_____ _____
Signature of Witness *Date*

X Zacharias Melchizedek _____ _____
Signature of Funeral Representative *Date*

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