



Funerals & Cremations

9814 Magnolia Avenue, Riverside, CA 92503

Telephone (951) 295-4830 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) 295-4830; 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. County Coroner Release of Remains (Coroner Fee's May Apply)
9. **Decedent (ID) Identification (SSN) Social Security Card or Number**
10. **Current Photo used for visual identification purposes**
11. **Cremated Remains Release Form / Upon Completion**
12. **Death Certificate Release Form / Upon Completion**

Select A Time-Honored Traditional Cremation Packets

Direct Cremation \$1295 or Funeral Service Following Cremation \$4,995

**Which of the Following Best Describes Your Needs?
(11 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**
- ☐ **2-GPL 50A. Direct Cremation:** With ID viewing, Witness Insertion. **Package Price \$1,895.00- \$2,265.00**
- ☐ **3-GPL 38 / Direct Cremation with Burial at Sea:** Basic Cremation with No Service, unattended burial at Sea, Includes temporary transfer plastic cremation urn, permits, notify Social Security... **Total Package Price: \$1,595.00**
- ☐ **4-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: \$4,995.00**
- ☐ **5-GPL 45 / Traditional Cremation with Graveside Service:** Unattended cremation, followed by a graveside funeral service with family & friends. Includes; Transporting descendants remains to cemetery, plastic cremation urn, permits, Filing death certificate, notify Social Security... **Total Package Price: \$2,995.00**
- ☐ **6-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: \$3,295.00 / With Cemetery Services \$3,295**
- ☐ **7-GPL 47 / Traditional 2-Day; Home Vigil & Next Day Funeral Service Followed By Cremation:** Traditional permits, filing death certificate, notify Social Security., Home vigil with open or closed casket funeral service, followed by cremation. Includes rental casket & Plastic Urn **Total Package Price: \$5,495**
- ☐ **8-GPL 39 / Direct Cremation / Scheduled Burial Ceremony at Sea Aboard a 12-Passenger Yacht, :** Family and friends gathered together to bid their final farewell for a burial at sea service. Temporary transfer plastic cremation urn and flowers included. **Total Package Price: \$2,895.00**
- ☐ **9-GPL 13 / Candlelight Vigil:** Just Before Sunset, Family and Friends gather together for a Candlelight Vigil, offering an opportunity for Family and Friends to come together in an Honorable and Respectable Manner. Single Rose, Candle and Memorial Cards provided for 100 cash. (Three Chinese lanterns provided when approved by county) **Package Price: \$2495.00**
- ☐ **10-GPL 41 / 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: \$2,85.00**
- ☐ **11 GPL 44 / Direct Cremation with Burial at Cemetery / Veterans Cemetery:** Basic Cremation with No Service, unattended burial, includes nice plastic cremation urn, Notify Social Security **Total Package Price: \$2,000.00**

Package Selected: _____

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

Signature _____

[0000000000000000]

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)[0000000000000000]

Email: _____ Date _____ NOK: _____

Coroner Case No. _____ *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

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) 1

Other Information: _____



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 9814 Magnolia Avenue, 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 _____

Please Print Address _____
City, State, Zip Code _____

Telephone #: _____ Alternative Telephone # _____

X Signed X _____ Date _____
(Electronic Signature)[0000000000000000]

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.

Rev05/15/21

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.

There are no per-need funeral arrangements with this funeral home

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)
[000000000000000]

Date

Print name of the survivor or responsible party (NOK)

Signature of funeral establishment representative

Date

Zacharias Melchizedek

Print name of funeral establishment representative

Funeral Arranger

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)[0000000000000000]

Executed this ____ day of _____, 2025, 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 _____, 2025, 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 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 I ☐ Request Identification Viewing _____ I ☐ Decline Identification Viewing
Initial

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)
[0000000000000000]

Date

X

Signature of Witness

Date

X Zacharias Melchizedek

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
manner¹: _____
Manner, Location and Other Detail of Disposition

Name of person(s) with the legal right to control disposition²: _____
Attach additional pages if necessary

Signed _____ Date _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed **X** _____ Date _____
Person(s) with legal right to control disposition . Electronic signature)
[0000000000000000]

Signed _____ Date _____
Person(s) with legal right to control disposition

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

Signed **X** _____ Date _____
(Electronic signature)
[0000000000000000]
Person(s) contracting for cremation or hydrolysis services

Signed Zacharias Melchizedek Lic. # FD 2406 Date _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

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.

¹ See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.

² 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: F/M

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)
→→ _____ number of children There being no surviving spouse/domestic partner)
- 6 _____ I am (We are) the Surviving Parent (parents)
→→ _____ number of parents There being no surviving spouse/domestic partner or children.
- 7 _____ I am (We are) all or a majority of the Surviving Sister(s) and Brother(s)
→→ _____ number of sisters and brothers There being no surviving spouse/domestic partner, children, or parents.
- 8 _____ I am (We are) all or a majority of the Surviving Niece(s) and Nephew(s)
→→ _____ number of nieces and nephews There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- 9 _____ 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:
(NOTE: Additional fee for ID Viewing applies) INITIAL YES _____ NO _____
2. I/We desire to witness the insertion into the cremation chamber:
(NOTE: Additional fee for Witness Cremation applies) INITIAL YES _____ NO _____
3. I/We desire to witness the entire cremation process:
(NOTE: Additional fee for Witness Entire Cremation Process applies) INITIAL YES _____ NO _____

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 _____ contain any jewelry of any kind.

LEGAL NAME OF DECEDENT: _____ GENDER: F/M

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 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.

X

DATE	SIGNATURE (Electronic signature) [0000000000000000]	PRINT NAME	RELATIONSHIP TO DECEDENT
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ADDRESS	PHONE NUMBER
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DATE	SIGNATURE	PRINT NAME	RELATIONSHIP TO DECEDENT
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ADDRESS	PHONE NUMBER
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DATE	SIGNATURE	PRINT NAME	RELATIONSHIP TO DECEDENT
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ADDRESS	PHONE NUMBER
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Funeral Home Witness Name Zacharias Melchizedek Signature _____