



www.BayAreaMortuary.com

Bay Area Mortuary Services
California Funeral Establishment FD 1829
1701 Little Orchard Street
San Jose, CA 95125

Phone: 408-998-2202 Fax: 408-998-8631

**AUTHORIZATION FOR RELEASE OF
HUMAN REMAINS AND PERSONAL PROPERTY**

TO: _____

Name of Facility (i.e., hospital, medical examiner/coroner, etc.)

Pursuant to California Health & Safety Code, Division 7, Part 1, Chapter 2, Section 7053, this document is a demand for and authorization to release forthwith the Remains and Personal Property of:

Full Name of Decedent

to: BAY AREA MORTUARY SERVICES (FD-1829) 1701 Little Orchard Street, San Jose, CA 95125

acting as agents for: _____

(Full Name of Claimant/Person Authorizing Release)

whose signature below authorizes the release of the human remains specified above.

(Check all that apply)

- I am the Decedent's (circle one) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.
- The Decedent named me to control the disposition of his/her body in a will or supplement documentation (attach a copy of that document).

By signing below, you represent that:

- You warrant and represent that you are the person or the appointed agent of the person who by law has the legal right to arrange and direct the disposition of the remains of the Decedent.
- You are not aware of any written instruction by the Decedent, or any contract for funeral services by the Decedent, that give control of the disposition of the Decedent's remains to any other person.
- You understand the provisions of the California Health and Safety Code Section 7100 regarding the right to control disposition and are in compliance.

Signature of Person Authorizing Release

Print Name

Relationship of Authorizing Person to Decedent

Date



BAY AREA MORTUARY ~ VITAL INFORMATION FORM

(Required for non-Medical portion of the Death Certificate)



Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.

1. NAME OF DECEDENT- FIRST		2. MIDDLE		3. LAST		
4. AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			5. DATE OF BIRTH mm/dd/yyyy	6. AGE	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. BIRTH STATE/ FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
11. MARITAL STATUS (Check One) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CALIF. REG. DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN						
12. EDUCATION - HIGHEST LEVEL / DEGREE		13. WAS DECEDENT SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO			14. RACE	
15. OCCUPATION - Type of work most of life. DO NOT USE RETIRED			16. KIND OF BUSINESS (e.g. grocery store, education, etc.)		17. YEARS IN OCCUPATION	
18. DECEDENT'S HOME ADDRESS (Street and number)						
19. DECEDENT'S CITY OF RESIDENCE		20. COUNTY/PROVINCE	21. YEARS IN COUNTY	22. STATE/FOREIGN COUNTRY	23. ZIP CODE	
24. INFORMANT'S NAME		25. RELATIONSHIP	26. INFORMANT'S MAILING ADDRESS (Street and number)			
27. INFORMANT'S CITY, STATE, AND ZIP			28. INFORMANT'S PHONE NUMBER (with Area Code)			
29. NAME OF SPOUSE (If living)		30. MIDDLE		31. LAST (If wife, enter Maiden Name)		
32. NAME OF DECEDENT'S FATHER- FIRST		33. MIDDLE		34. LAST		35. BIRTH STATE
36. NAME OF DECEDENT'S MOTHER- FIRST		37. MIDDLE		38. LAST (Maiden Name)		39. BIRTH STATE
40. FINAL DISPOSITION (Check One) IF CREMATION - FINAL DISPOSITION OF CREMATED REMAINS (Check One) <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER						
41. PLACE OF FINAL DISPOSITION - FULL NAME, ADDRESS AND ZIP OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE, OR CEMETERY NAME, ADDRESS AND ZIP OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED						
42. PHYSICIAN'S NAME			43. PHYSICIAN'S PHONE AND FAX PH: FAX:		44. NUMBER OF CERTIFIED COPIES (of Death Certificate)	
45. PHYSICIAN'S ADDRESS			46. HOW DID YOU HEAR ABOUT US?			

I have read the above information and state that that it is true and correct and release Bay Area Mortuary Services from any charges that may occur in the correction of the original death certificate due to this information.

SIGN
HERE

SIGNATURE: _____ DATE: _____



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AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: BAY AREA MORTUARY SERVICES
(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:

BAY AREA MORTUARY SERVICES - 1701 Little Orchard Street, San Jose, CA 95125
(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)



Disclosure of Preneed Funeral Agreement

The funeral establishment, **BAY AREA MORTUARY SERVICES**

License Number **FD-1829**, **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

Date

Print name of the survivor or responsible party

Signature of funeral establishment representative

Date

Print name of funeral establishment representative

Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.