Simplicity
CREMATION

A HOSPICE PREFERRED PROVIDER

SIMPLE CREMATION ARRANGEMENT FORMS

FAX TO SIMPLICITY: *(888) 959-9105*
OR EMAIL TO: *info@Simplicity247.com*

FROM: _____ TELEPHONE: _____ EMAIL: _____

ARRANGEMENTS FOR : _____

CURRENTLY LOCATED AT: _____

Please check one of the following: ❑ A Death Has Occurred ❑ A Death is Imminent (will happen soon)

QUESTIONS COMPLETING THESE FORMS? (888) 959-9101

These forms are required by the State of California to authorize cremation. Each forms purpose is described below for your information. check the forms over thoroughly, sign, initial or otherwise complete wherever indicated.

SIMPLICITY CREMATION STATEMENT OF FUNERAL GOODS & SERVICES
This agreement outlines the arrangements you are ordering and their cost.

CREDIT CARD INFORMATION
This page allows the payee to provide payment information (must include cardholder's signature).

VITAL INFORMATION FORM
The information provided on this form is required to complete the non-medical portion of the official Death Certificate. **PLEASE NOTE: Any vital information left blank will be deemed "Unknown"**

HOSPITAL RELEASE
This form is required and presented to hospital to bring deceased to our care facility. (If deceased is at a Coroner/Medical Examiner then you must print separate release from SIMPLICITY website.)

DISCLOSURE OF PRENEED FUNERAL AGREEMENT
This form indicates an existence or absence of a pre-arrangement with Simplicity Cremation or a different funeral home.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING
This form serves as written confirmation of the legal next of kin's desires regarding embalming.

AUTHORIZATION FOR CREMATION (PAGES 9, 10)
These forms authorize Simplicity Cremation to handle the cremation of deceased.
Reminder: 51% of closest next of kin must authorize the cremation.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS
This page describes the details of final disposition of the cremated remains (residence, cemetery, county of sea scattering)

RELEASE OF CREMATED REMAINS
This page describes the details how we return the cremated remains to you.

ALSO INCLUDE:

COPY OF PICTURE I.D. FOR EACH PERSON SIGNING (REQUIRED)

COPY OF DURABLE POWER OF ATTORNEY FOR HEALTHCARE (IF APPLICABLE)

While we operate 24 hours a day, once faxed, our administrative staff will contact you during their normal business hours (Monday thru Friday, 9 a.m to 4 p.m.) to go over and confirm receipt of this paperwork.
Please contact us with any questions: **(888) 959-9101**

LOS ANGELES LONG BEACH BURBANK SANTA ANA
SAN BERNARDINO RIVERSIDE PALM SPRINGS

sb

DECEASED: _____ **DATE OF STATEMENT:** _____

SIMPLE BASIC CREMATION OPTION

■ **Simple Private Cremation Service ..... $ 980.00**

- ■ Southern California Transportation (Residence, Facility, or Medical Examiner)
- ■ Secure Alternative Care (Refrigeration)
- ■ Basic Cremation Container (Cardboard Container deceased is cremated in)
- ■ Private Cremation (within *approx. 10 business days of obtaining cremation permit)*
- ■ Basic Plastic Container/Temporary Urn for Cremated Remains
- ■ California State Cremation Regulatory Fee
- ■ California Cremation/Disposition Permit
- ■ Notify Social Security of Death
- ■ Receiving Cremated Remains at a Simplicity release location

ADDITIONAL OPTIONS OR NECESSARY FEES

■Deceased Weight: (Select if applicable _____) select from page 4 ... $ _____
■Additional Transportation: (Select if applicable _____) select from page 4.. $ _____
❑ Priority Cremation (scheduled within 5 days of obtaining cremation permit) ..... $ 300.00
❑ Removal of Implanted Devices containing batteries such as pacemaker ..... $ 280.00
❑ Witness Cremation (6 persons, 15 minutes, minimal preparation, at crematory) ..... $ 950.00
❑ Identification Viewing (6 persons, 15 minutes, minimal preparation, at crematory) ..... $ 750.00
❑ Alternative Care (Refrigeration) after 5th day of death _____ days at $50/day ..... $ _____

❑ Local Hand Delivery of Cremated Remains to Family or Cemetery ..... $ 360.00
❑ Shipping within Southern California by US Postal Service (Tracked and Restricted Delivery) ..... $ 65.00
❑ Shipping outside Southern California by US Postal Service (Tracked and Restricted Delivery) ..... $ 290.00
❑ Sea Scattering off Coast of Orange County (non-witness, non-recoverable) ..... $ 265.00
❑ Placement of Cremated Remains in Urn/Keepsake Provided by Family (each) ..... $ 60.00

B. MERCHANDISE

❑ Urn or Keepsake...select from page 4 (Urn / Keepsakes _____) ..... $ _____
❑ Urns from Catalog: Item #: _____ $ _____

C. COUNTY / STATE FEES

■ 8.75% Sales Tax **on Merchandise only** ..... $ _____
❑ Additional Disposition Permits for Additional Urns # _____ at $12.00 each ..... $ _____
❑ Coroner / Medical Examiner Fees (Select One _____) select from page 4 ..... $ _____
■ Certified Copies of Death Certificate ***(select one option)*** ***(SEE NOTE BELOW!)***

◯ Option 1 # _____ at $26.00 per copy **plus** $55.00 for retrieval and forwarding ..... $ _____
◉ Option 2 You will obtain Certified Copies on your own from local health department $ 0.00
(Presently, Counties in Southern California charge $26.00 per Certified Copy)

TOTAL ..... $ _____

A note about certified copies of the death certificate: Certified copies of the death certificate are issued by the local county registrar of the county of death. You may order copies yourself after we file the original certificate, or ask Simplicity to order them for you. **Either way, delivery can take four to six weeks, depending on the county.**

Check with each institution for their exact requirements. You may need certified copies for Social Security, bank accounts, life insurance, real estate, trust accounts, the Department of Motor Vehicles, creditors, and stocks and bonds.

CREDIT CARD INFORMATION

Type of Card: ❑ **VISA** ❑ **MasterCard** ❑ **American Express** ❑ **Discover**

Name of Cardholder (please print): _____ **Telephone #** _____

Card Number: _____ **Expiration Date:** _____

3 Digit ID # on Reverse of Card: _____ **4 Digit ID # on Front of American Express:** _____

Credit Card Billing Address: _____

Signature of Purchaser / Cardholder: / Type Cardholder's Name Here / _____ **Date:** _____

Email Address *(this is so we may email you receipt of payment)* _____

By signing above I acknowledge and agree to pay for the final services of the deceased, and I authorize SIMPLICITY to perform the requested services. I agree to pay the balance listed on this statement. I understand and agree that by signing above I am assuming personal liability for the charges set forth in this statement. I hereby agree to all above charges and acknowledge receipt provided by email or will be provided upon release of cremated remains.

Simple Cremation includes: Basic Cremation fee (non-scheduled), Professional services of funeral director and staff, Transfer of remains into our care from place of death (unless transportation fee is required due to location of decedent), Refrigeration (until permit is filed), and Transfer to crematory.
No Embalming
Crematory Requirement: A rigid container for cremation
California Requirement: Disposition Permit, Cremation Regulatory Fee, Sales Tax on Merchandise

In connection with the funeral agreements made by purchaser for the decedent named on page one, purchaser hereby confirms to seller that:
1. Purchaser was provided a printed General Price List prior to discussing or upon beginning discussion of, the prices of funeral goods or funeral services, the overall type of funeral disposition, or the specific funeral goods or funeral services offered by the seller.
2. Purchaser was provided a printed Casket Price List upon beginning discussion of, but in any event before being shown, caskets.
3. Purchaser was provided a printed Outer Burial Container Price List upon discussion of, but in any event before being shown, outer burial containers.
4. Purchaser was advised that the law does not require embalming except in certain special cases. Purchaser was not advised that embalming is required for direct cremation, immediate burial, or a closed casket funeral without viewing or visitation when refrigeration is available and when state or local law does not require embalming. If embalming was provided for a fee, it was done with purchaser's approval or the permission of someone authorized to give approval.
5. Purchaser was not advised that state or local law requires a casket for direct cremation or that a casket (other than an alternative container) is required for direct cremation.
6. Purchaser was not advised that state or local law requires the purchase of an outer burial container. Purchaser was advised, however that many cemeteries do require that purchaser have such a container so that the grave will not sink in, and that either a grave liner or a burial vault will satisfy these requirements.
7. A prepaid benefits contract was applicable to the funeral.
8. Purchaser was not advised that any funeral goods or funeral services offered by seller would delay the natural decomposition of human remains for a long term or indefinite time, or that any such funeral goods have protective features or will protect the body from gravesite substances when such was not the case. No representations or warranties were made to purchaser about the protective features of caskets or outer burial containers other than those made by the manufacturers. Purchaser was advised that the only warranties, expressed or implied, extended in connection with any funeral goods sold with the funeral service were the express written warranties, if any, extended by the manufacturers thereof. No express warranties, and no warranties of merchantability or fitness for a particular purpose, were extended by the seller to purchaser with respect to those funeral goods.
9. Purchaser was not advised that the price charged for a cash advance item was not the same as the cost to seller for the item when such was the case.
10. Certain charges may be estimated and if the difference between such estimates and such actual charges is less than $ 10.00, no refund to you or billing by us for the difference will be made.
11. Purchaser agrees that if the cremated remains are not picked up within twenty (20) days after the cremation, Simplicity 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 which may make the cremated remains unrecoverable.

SIGN Signature of Purchaser: _____ Printed Name of Purchaser: _____

Purchaser's Address: _____ City: _____ State: _____ Zip: _____

Purchaser's Telephone #: _____ Purchaser's Email Address: _____

SELECT URN *(Standard urn is 200 cubic inches)*

❑ **Basic Plastic Container**
8.25" x 6.5" x 4.5"
200 cubic inches
$ Included

❑ **Basic Catalpa Wood Urn**
8.5" x 6.5" x 4.5"
200 cubic inches
$ 95.00

❑ **Rosewood Hand Carved Urn**
5" x 9.5" x 6.5"
218 cubic inches
$ 165.00

❑ **Peaceful Return**
Biodegradable Scattering Urn
11.25" H x 6.75" W x 5.5" D
215 cubic inches
$ 240.00

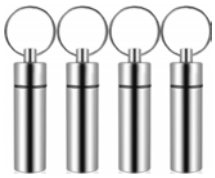
❑ **Traditional Bronze Urn**
10.5" x 6" x 6"
200 cubic inches
$ 295.00

❑ **Brushed Pewter Urn**
10.5" x 6" x 6"
200 cubic inches
$ 295.00

❑ **Espresso Brown Alloy Urn**
9" x 6.9"
200 cubic inches
$ 365.00

❑ **Kenzy Cultured Marble Urn**
9.75" x 6.75" x 6.5"
200 cubic inches
$ 480.00

❑ **5 Bamboo Sharing Tubes**
5.9" x 1.4"
9 cubic inches each
$ 195.00



❑ **4 Capsule Keepsakes Tubes**
Brushed Silver / Approx 2"
.25 cubic inches each
Pictured Design Might Vary
$ 100.00

❑ **Traditional Bronze Keepsake**
2.75" x 1.7"
3 cubic inches
$65.00

❑ **Brushed Pewter Keepsake**
2.75" x 1.7"
3 cubic inches
$65.00

A NOTE ABOUT SHARING AND KEEPSAKE URNS: ***Sharing and keepsake urns hold a very small portion of the entire cremated remains***

Additional Urns, Keepsakes, and Cremation Jewelry can be found on our website at www.Simplicity247.com

ADDITIONAL CREMATORY FEE ***Based on Weight***

251 lbs. to 275 lbs. ..... $ 350.00	276 lbs. to 300 lbs. ..... $ 475.00
301 lbs. to 325 lbs. ..... $ 675.00	326 lbs. to 350 lbs. ..... $ 875.00
351 lbs. to 375 lbs. ..... $ 975.00	376 lbs. to 400 lbs. ..... $ 1075.00
401 lbs. to 425 lbs. ..... $ 1375.00	426 lbs. to 450 lbs. ..... $ 1575.00
451 lbs. to 475 lbs. ..... $ 1775.00	476 lbs. to 500 lbs. ..... $ 1975.00
501 lbs. to 525 lbs. ..... $ 2175.00	526 lbs. to 550 lbs. ..... $ 2375.00

ADDITIONAL TRANSPORTATION

• Riverside County (Coachella Valley)	$ 0.00
• Riverside County (Riverside Metro)	$ 0.00
• Riverside County (Hemet, Sun City)	$ 0.00
• Riverside County (Temecula, Murrieta)	$ 0.00
• San Bernardino County (Joshua Tree, 29 Palms, Yucca Valley)	$ 0.00
• San Bernardino County (Metro)	$ 0.00
• San Bernardino County (Victorville, Hesperia)	$ 0.00
• San Bernardino County (Barstow and East SB County)	$ 250.00
• Orange County	$ 350.00
• Los Angeles County (Metro)	$ 350.00
• Los Angeles County (Antelope Valley)	$ 450.00
• Imperial County	$ 450.00
• San Diego County	$ 450.00
• Ventura County	$ 450.00

CORONER FEE
(If Deceased is at Coroner or Medical Examiner's Office)

Riverside County	$ 320.00
San Bernardino County	$ 358.00
San Diego County	$ 280.00
Los Angeles County ..	(bills family direct)
Orange County	$ 313.00
Ventura County	$ call
Santa Barbara County	$ call
Kern County	$ call
Imperial County	$ call

Reminder: *The Coroner/Medical Examiner will need their own release signed by the next of kin of record.*

These releases are found on our website at ***www.Simplicity247.com***

VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)

PLEASE TYPE OR PRINT CLEARLY

PLEASE NOTE: *Any vital information left blank will be deemed "Unknown"*

Simplicity

1. NAME OF DECEDENT-FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)

4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST	5. DATE OF BIRTH	6. SEX

7. BIRTH STATE/ FOREIGN COUNTRY	8. SOCIAL SECURITY NUMBER	9. EVER IN U.S. ARMED FORCES?
Pick One		❑ NO ❑ YES ❑ UNKNOWN

10. MARITAL STATUS

❑NEVER MARRIED ❑MARRIED ❑CA. REG. DOM. PARTNER ❑DIVORCED ❑WIDOWED ❑UNKNOWN

11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE

❑ 0 (DID NOT COMPLETE ONE YEAR) ❑ (GRADES 1-11) _____ GRADE ❑ GRADE 12, NO DIPLOMA ❑ H.S. DIPLOMA/ G.E.D. ❑ SOME COLLEGE (NO DEGREE)

❑ ASSOCIATE (e.g., AA, AS) ❑ BACHELOR'S (e.g., BA, AB, BS) ❑ MASTER'S (e.g., MA, MS, MEng, MEd, MBA) ❑ DOCTORATE OR PREOFESSIONAL (e.g., PhD)

14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE	15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED
❑ YES _____ ❑ NO	

16. USUAL OCCUPATION FOR MOST OF LIFE **DO NOT USE RETIRED OR UNEMPLOYED**	17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)	18. YEARS IN OCCUPATION

19. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)

20. CITY	21. COUNTY/PROVINCE	22. ZIP CODE	23. YEARS IN COUNTY	24. STATE/FOREIGN COUNTRY

25. INFORMANT'S NAME **(FIRST MIDDLE LAST)**	26. INFORMANT'S RELATIONSHIP	27. INFORMANT'S CONTACT NUMBER (WITH AREA CODE)

28. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER LOCATION)	29. INFORMANT'S CITY, STATE AND ZIP

30. NAME OF SURVING SPOUSE/SRDP-FIRST	31. MIDDLE	32. LAST **(MAIDEN NAME)**

33. NAME OF DECEDENT'S FATHER - FIRST	34. MIDDLE	35. LAST	36. BIRTH STATE

37. NAME OF DECEDENT'S MOTHER FIRST	38. MIDDLE	39. LAST **(MAIDEN NAME, NOT MARRIED NAME)**	40. BIRTH STATE

41. FINAL DISPOSITION (CHECK ONE) ❑BURIAL ❑RESIDENCE ❑SEA SCATTER BY FAMILY ❑SEA SCATTER BY SIMPLICITY

42 NAME AND ADDRESS OF PERSON KEEPING THE REMAINS, CEMETERY NAME AND ADDRESS, OR COUNTY OF OCEAN SCATTERING.
****SIMPLICITY DOES NOT PROVIDE DOCUMENTS TO TRANSFER REMAINS OUT OF THE COUNTRY.**

I have read the above information and confirm it is true and correct. I release **Simplicity** from any liability or cost related to correcting the original certificate due to errors in this information.

I understand that any field left blank will be listed as "Unknown."

SIGNATURE: _____ DATE: _____

In addition to the Vital Information completed on page 5, please complete this section to clarify a few answers.

WORKSHEET FOR EDUCATION AND RACE/ETHNICITY

DECEDENTS EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

Enter appropriate information in box No. 13

- ☐ 0-11th grade. Enter highest year completed: 0
- ☐ 12th grade, but no diploma. Enter **12 ND**
- ☐ High school graduate or GED completed. Enter **HS GRADUATE**
- ☐ Some college credit, but no degree. Enter **SOME COLLEGE**
- ☐ Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- ☐ Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MASTER'S**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Enter either **DOCTORATE** or **PROFESSIONAL**: Doctorate

WAS DECEDENT HISPANIC/ LATINO(A)/SPANISH/?

If not Hispanic/Latino(a)/Spanish, check "No" in box No. 14/15.

If Hispanic/Latino(a)/Spanish, check "Yes" in box No. 14/15 and enter specific origin.

- ☐ No
- ☐ Yes, Mexican, Mexican American, or Chicano
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, other Hispanic/Latino(a)/Spanish
- ☐ Specify: _____

WHAT WAS DECEDENT'S RACE OR ETHNICITY? (Check one or more races to indicate what the decedent considered himself or herself to be)

Enter text for up to 3 races in box No. 16

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (North, South, and Central American Indian) Specify Tribe(s): _____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander Specify: _____
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian Specify: _____
- ☐ Other Specify: _____

PRIVACY NOTIFICATION

Civil Code Section 1798.9 et seq. requires each state agency to provide notice to Individuals completing this form. The information is being requested by: DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS, MS 5103, P.O. Box 997410, Sacramento, CA 95899-7410. The information requested on this certificate is authorized and required by Divisions 7 and 102 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure, and Government Code.

The principal purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts therein for each death occurring in the State of California.
2. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
3. To provide information to the National Center for Health Statistics for compiling national statistical reports, and to state and federal agencies for file clearance purposes.
4. To provide individuals with certified copies from the records to serve their personal needs, such as applying for social security or death benefits.

The record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

LEGAL REQUIREMENTS FOR FILING CERTIFICATE OF DEATH

Each death shall be registered with the local registrar of births and deaths within eight calender days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance, or his/her designee, provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts.

The medical and health section data and the physician or coroner's certification shall be completed by the physician within 15 hours after the death, or by the coroner within three days after examination of the body.

Simplicity

PHONE: (888) 959-9101

RELEASE AUTHORIZATION

IF DECEDENT IS AT A COUNTY CORONER, PLEASE REFER TO OUR MAIN WEB PAGE AND CLICK ON THE "ARRANGE A CREMATION" TAB AND PRINT CORONER'S RELEASE FORM FOR THE CORRECT COUNTY DECEDENT IS LOCATED.

NAME OF DECEDENT: _____

LOCATION OF DECEDENT (NAME & ADDRESS OF FACILITY):_____

_____

NAME OF LEGAL NEXT OF KIN AUTHORIZING RELEASE: _____

ADDRESS OF LEGAL NEXT OF KIN: _____

PHONE NUMBER: _____

I claim the right to control the disposition of the decedent's bodily remains.

I am not aware of any person who may object to my arranging the disposition of the body of the decedent.

I am not aware of any written or oral instructions by the decedent, or any contract for funeral services by the decedent that gives control of the disposition of the decedents remains to any other person.

I declare under penalty of perjury laws of the State of California that the foregoing is true and correct.

_____ _____

SIGNATURE DATE

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PHYSICIAN AND HOSPICE INFORMATION

ATTENDING PHYSICIAN _____ PHYSICIAN'S PHONE _____

HOSPICE ORGANIZATION (if under hospice care) _____ PHONE _____

HOSPICE SOCIAL WORKER _____ PHONE _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, Simplicity (funeral establishment name),

license number FD 2174, **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

SIGN HERE

_____ _____
Signature of the survivor or responsible party Date

_____
Print name of the survivor or responsible party

_____ _____
Signature of funeral establishment representative Date

Gerard Reinert FDR121 Funeral Director
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.

21F1 (10/03)

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Simplicity _____
(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:

Valley Funeral and Cremation Center 19465 North Indian Canyon Drive #3A Palm Springs, California or
Family Memorial Mortuary and Crematory 405 East Industrial Road, San Bernardino, California

_____
(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)

Gerard H Reinert FDR121
_____ _____
Funeral Establishment Representative (Print Name) Funeral Establishment Representative (Signature)

12-AUTH (rev. 11/14)

AUTHORIZATION FOR CREMATION & DISPOSITION

DECEDENT: _____ **FUNERAL HOME :** SIMPLICITY

DATE OF BIRTH: _____ **DATE OF DEATH:** _____ **GENDER:** _____

(In this document the word "I" shall refer to all persons authorizing the cremation and disposition of the decedent.)
I authorize Family Crematory or Valley Funeral and Cremation Center (the "Crematory") to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. I certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.
[NOTE: California law provides "Any person signing any 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 or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."]

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that **(check and initial applicable box)**:

INITIAL CORRECT STATEMENT

____ ❑ I am making this authorization for myself.

____ ❑ I am the Agent under a Durable Power of Attorney for Health Care
(attach a copy of the Durable Power of Attorney)

____ ❑ I am the surviving spouse of the decedent.

____ ❑ I am the surviving California Registered Domestic Partner of the decedent.

____ ❑ I am (We are) the surviving child (children- all or majority)
_____ number of children There being no surviving spouse/domestic partner)

____ ❑ I am (We are) the surviving parent (parents)
_____ number of parents There being no surviving spouse/domestic partner or children.

____ ❑ 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.

____ ❑ 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.

____ ❑ 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.

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:

I/We desire to identify the remains before cremation (NOTE: Additional fee for ID Viewing applies)	Initial _____ YES	Initial _____ NO	INITIAL ONE
I/We desire to witness the insertion into the cremation chamber (NOTE: Additional fee for Witness Cremation applies)	Initial _____ YES	Initial _____ NO	INITIAL ONE
I/We desire to witness the entire cremation process (NOTE: Additional fee for Witness Entire Cremation Process applies)	Initial _____ YES	Initial _____ NO	INITIAL ONE

ADDITIONAL SPECIAL INSTRUCTIONS: _____

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 (unless a specific date and time is requested above), 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.

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 Deceased **DOES** ❑ **DOES NOT** ❑ contain a 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:

_____

DECEDENT: _____

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.

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 the Deceased is under 250 lbs. **YES** ☐ **NO** ☐ **(Note: An additional charge may 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 costs 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

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 non-combustible 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.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, 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. All proceeds from recycling are donated to a local charitable organization.

INITIAL _____ I certify the Deceased **DOES** ☐ **DOES NOT** ☐ contain any jewelry of any kind.

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.

Disposition. I authorize the Crematory to release the cremated remains back to the Funeral Home.

SIGN **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.

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF THE CREMATORY OR FUNERAL HOME, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

Date	Signature	Print Name	Relationship to Decd.
_____	_____	_____	_____

Address: _____ Phone _____

Date	Signature	Print Name	Relationship to Decd.
_____	_____	_____	_____

Address: _____ Phone _____

Date	Signature	Print Name	Relationship to Decd.
_____	_____	_____	_____

Address: _____ Phone _____

Funeral Home Witness: Gerard H Reinert FDR121

For more information on Funeral, Cemetery, Cremation and Hydrolysis 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

Rev. 01/2022 Family

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

Simplicity

I/We hereby declare (my remains) or (the remains of)_____ in
Name of Person arrangements are for

the possession of **Simplicity (888) 959-9101** will be cremated or
Name of Funeral Establishment and Telephone Number

hydrolyzed by_____ and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number

manner[1]: _____
Manner, Location and Other Detail of Disposition

Specify the residence address and holder, cemetery name and address, or the California coast and county for scattering. Attach additional pages if necessary

Name of person(s) with the legal right to control disposition[2]: _____

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

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

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

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

SIGN HERE **Signed** _____ **Date** _____
Person(s) contracting for cremation or hydrolysis services

Signed Gerard H Reinert Lic. # FDR121 **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.

Release of Cremated Remains

DECEASED _____

CHECK ONE

◉ Receiving Cremated Remains at a Simplicity release office by appointment

(No Charge)

Our offices are by appointment only, and in many cases, are **scheduled only one day a week depending** on staff availability. Once we notify you that the cremated remains are ready, our staff will schedule the release time at the release office you select**. Each release office is open every two weeks**. We will only release to the person(s) you have listed below, and a valid photo ID is required. Once available, cremated remains can only be held by us for 30 days.

☐ Santa Ana ☐ San Bernardino ☐ Palm Springs

I authorize Simplicity to release the cremated remains to the following person(s):

Name: _____

Phone Number: _____

○ Express Delivery of Cremated Remains by United States Postal Service in Southern California

(Our Southern California Shipping Charges Apply) (Los Angeles, Orange, Riverside, San Bernardino, San Diego Counties)

I authorize Simplicity to mail the cremated remains in the urn selected by USPS Express Mail which is tracked and signature required. Urns are packaged per the US Postal Service Guidelines for shipping human remains. (The USPS is the only legal way of shipping human cremated remains in the United States) Simplicity and the crematory shall not be held responsible for any damages or loss in connection with the handling by the United States Postal Service. Once a package has been delivered into their care, we have no control over the way the shipment is handled.

Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

○ Express Delivery of Cremated Remains by United States Postal Service OUTSIDE Southern California

(Our Regular Shipping Charges Apply)

I authorize Simplicity to mail the cremated remains in the urn selected by USPS Express Mail with signature required. Urns are packaged per the US Postal Service Guidelines for shipping human remains. (The USPS is the only legal way of shipping human cremated remains in the United States) Simplicity and the crematory shall not be held responsible for any damages or loss in connection with the handling by the United States Postal Service. Once a package has been delivered into their care, we have no control over the way the shipment is handled.

Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

○ Southern California Hand Delivery by Simplicity

(Our Delivery Charges Apply)

I authorize Simplicity to hand deliver by appointment the cremated remains to:

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

○ Non-Witnessed Scattering at Sea by Simplicity

(Our Scattering Charges Apply)

I authorize Simplicity to scatter the cremated remains subject to California laws, off the coast of Orange County, California in the Pacific Ocean. I realize the cremated remains will become none recoverable.

SIGN HERE Signed _____ Date _____

Person(s) with legal right to control disposition