

Mortuary Aid Co.

14019 Rockway Drive
Baldwin Park, California 91706

AUTHORIZATION TO RELEASE

Name & address where decedent will be or was retrieved from:

Pursuant to your facility's policies, rules and/or regulations, I authorize the release of the remains of

_____ Decedent's Full Name _____ Date of Death

to the above named funeral home, including its agents, and is hereby authorized to sign on the undersigned's behalf. This includes the right to sign any and all authorizations that may be required as secure release of the above named decedent, including any personal property, information or facility documents. The undersigned further states that they have the legal right to make this authorization.

I certify that I am the next of kin pursuant to section 7100, Health and Safety Code, State of California, or I am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned decedent. Therefore, please release the body upon completion of your investigation of said decedent.

Signed this _____ day of _____, 20_____.

 X: _____

Printed Name: _____ *Relationship: _____

Street Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Telephone 1: _____ Telephone 2: _____

*If not the next of kin (NOK) sign above and explain why the next of kin is not handling.

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DECEDENT INFORMATION WORKSHEET

Loved one's first name?			Loved one's middle name?			Loved one's last name(s)?		
Other full names used?				Male or Female?		Date of birth?		If applicable, date of death?
If applicable, time of death?			Birth state or foreign country?			Social security number?		
Ever in U.S. armed forces? If yes, which branch?			Married, divorced, widowed, never married?			Education years or degree?		
Hispanic/Latino/Spanish?		If yes, country of origin?		Decedent's race, up to 3?				
Usual occupation in life? Do not use retired.				Usual type of business or industry in life?			Years in usual occupation?	
Loved one's last home street address?				Loved one's last home city, state and zip code?				Years in county?
Next of kin's / Informant's name?				Next of kin's / Informant's relationship?		Next of kin's / Informant's phone #?		
Next of kin's / Informant's phone #?			Next of kin's / Informant's email address?					Total siblings
Next of kin's / Informant's street address?					Next of kin's / Informant's city, state and zip code?			
First name of surviving spouse?		Middle name of surviving spouse?		Last name of surviving spouse?		If female, maiden last name?		
First name of loved one's father?			Middle name of loved one's father?		Last name of loved one's father?			
Loved one father's birth state or foreign country?							Is loved one's father alive?	
First name of loved one's mother?			Middle name of loved one's mother?		Last name of loved one's mother?			
Loved one mother's birth state or foreign country?				Maiden last name of loved one's mother?		Is loved one's mother alive?		
Cremation?	Goodbye viewing?	Insertion viewing?	Final resting place; name & address of cemetery, ocean, land, individual?			How did you hear about us? Google Yelp Bing Yahoo Internet Family Friend Hospital Hospice Other		
If applicable, approximate service/memorial date?								
Doctor's full name?					Hospice's name?			
Doctor's phone number?			Doctor's fax number?		Hospice's phone number?		Hospice's fax number?	
Doctor last seen?	Weight?	Implanted battery device?	If applicable, loved one's place of death?			If applicable, coroner case #?		

I certify that the above information is true and correct. I release Mortuary Aid Co. from all charges that may occur in the correction of the official record due to this information.

SIGNATURE

DATE

Disclosure of Preneed Funeral Agreement

The funeral establishment, Mortuary Aid Co.
(funeral establishment name)
license number FD 2282, **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 _____

Mortuary 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.

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: MORTUARY AID CO.
(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:

(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)


DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of _____, will be cremated by
Name of Person arrangements are for
Name of Funeral Establishment and Telephone Number

_____ and shall be disposed of in the following
Name of Crematory and Telephone Number
manner (Note 1): Name & address of final resting place:
Manner, Location and Other Details of Disposition

Name of person(s) with the legal right to control disposition (Note 2): _____
Attach additional pages if necessary

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

 Signed _____ Date _____
Person(s) contracting for cremation services
Signed _____ Lic. # FD-2282 Date _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.
Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.
IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. 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 REMAINS

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

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code

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STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

(Schedule A)

Statement Date: _____

Beneficiary / Decedent Name: _____

Purchaser Name: _____ Relationship: _____

Street: _____

City, State, Zip: _____ Phone: _____

For more information on Funeral, Cemetery and Cremation Matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 N. Market Blvd, Suite S-208, Sacramento, CA 95834, Telephone (916) 574-7870.

DISCLOSURES

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing. If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained here: _____

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why here: _____

A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code. If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code.

ITEMIZED CHARGES

Charges from Attached Sheet:	Package # 1C \$ 629.⁰⁰
Basic Services of the Funeral Director and Staff; and Overhead:		\$ _____
Other Preparation of the Body:		\$ _____
Use of Facilities and Staff for Viewing:		\$ _____
Use of Facilities and Staff for Funeral Ceremony:		\$ _____
Use of Facilities and Staff for Memorial Service:		\$ _____
Use of Equipment and Staff for Graveside Service:		\$ _____
Additional Charges for Use of Facilities and Staff:		\$ _____
Transfer of Remains to Funeral Home:		\$ _____
Hearse:		\$ _____
Limousine:		\$ _____
Other Transportation:		\$ _____
Forwarding Remains to Another Funeral Home:		\$ _____
Receiving Remains from Another Funeral Home:		\$ _____
Direct Cremation:		\$ _____
Immediate Burial:		\$ _____
Urn:		\$ _____
Service and Memorial Items:		\$ _____
Casket:		\$ _____
Alternative Container:		\$ _____
Rental Casket:		\$ _____
Outer Burial Container:		\$ _____
Other:		\$ _____
Other:		\$ _____

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STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

(Schedule A)

*Residential Removal of Decedent:	_____	at \$100 each	\$ _____
*Additional Staff for Removal of Decedent:	_____	at \$100 each	\$ _____
*Weight Surcharge; (1 of 2) Cremation Wood Tray:	_____	at \$150 each	\$ _____
(2 of 2) \$2.50 per lb in excess of 300 lbs:	_____	at \$2.50 each	\$ _____
*Insurance Policy Assignment Processing:	_____	at \$100 each	\$ _____
*Personal Retrieval of Item(s) From Your Residence:	_____	at \$15 each	\$ _____
*Removal of Implanted Battery Device:	_____	at \$75 each	\$ _____
*Lock of Hair:	_____	at \$25 each	\$ _____
*Goodbye Viewing:	_____	at \$200 each	\$ _____
*Cremation Insertion Viewing:	_____	at \$200 each	\$ _____
*Transfer of Ashes to Each Urn, Keepsake and/or Jewelry Beyond Three (3): ...	_____	at \$5 each	\$ _____
*Ashes Packaged and Mailed Domestically:	_____	at \$110 each	\$ _____
*Scattering of Ashes at Sea by Boat (unwitnessed):	_____	at \$99 each	\$ _____
**Personal Delivery of Ashes to Local Residence or Cemetery:	_____	at \$25 each	\$ _____
**Certified Certificate(s) of Death:	_____	at \$25 each	\$ _____
Cash Advance Items:	_____	\$ _____
.....	_____	\$ _____
.....	_____	\$ _____

TOTAL COST OF ARRANGEMENTS: \$ _____

Payment or Deposit: \$ _____

Balance Due: \$ _____

Acknowledgement and Agreement

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified in this statement. I acknowledge that I have received the General Price List, the Casket Price List, the Outer Burial Container List and the State of California Consumer Guide to Funeral and Cemetery Purchases.

Terms and Method of Payment

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) on the unpaid balance will be due. I agree to pay the balance due listed on this statement, plus any late charge. In the event I default in payment (either by non-payment, bank returned check or dishonored credit card charge) I agree to pay all attorney's fees and court costs in addition to any late charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this statement and that this is in addition to the liability imposed by law upon the estate of the deceased.

Other Terms: _____

By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this statement.

 X _____
Purchaser's Signature

Acceptance

This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this statement:

Funeral Home Representative

BASIC CREMATION PACKAGE # 1C

Urns, Keepsakes & Jewelry Available on our Website

TRANSPORTATION FROM A SOUTHERN CALIFORNIA:

- Hospital, hospice, care facility, coroner, medical examiner, mortuary or cemetery. Included
- ** *Residence: No stairs, additional \$75.00. With stairs, additional \$100.00.* ()

ARRANGEMENTS:

- Documents sent to you via email, fax or mail. Return them to us the same way. Included
- And/Or we come to your home, explain the process and help you fill out the documents. Included

BASIC SERVICES:

- Personnel available 24 hours a day, 365 days a year to respond to any calls or inquiries. Included
- Coordinating service plans with parties involved in the final disposition of the deceased. Included
- Overhead, including maintenance, equipment, inventory, insurance and compliance costs. Included
- ** *Goodbye viewing, additional \$200.00.* ()
- ** *Cremation insertion viewing, additional \$200.00.* ()

CARE & ADMINISTRATION:

- Immediate placement in cooler while documents are being processed. Included
- Obtain cause(s) of death and signature or voice attestation from physician. Included
- Submittal of certificate of death to county and state for approval. Included
- Social Security Administration notified of passing. Included
- Disposition permit submitted to crematory after certificate of death's approval. Included
- ** *Lock of hair, additional \$25.00.* ()

CREMATION:

- Standard cremation, up to 300 pounds. Included
- Standard cremation container, up to 300 pounds. (taxable) Included
- Transfer of ashes to a maximum of three (3) urns, keepsakes and/or jewelry. Included
- Plastic rectangular box urn. (taxable) Included
- ** *Transfer of ashes to each item beyond three (3), additional \$5.00 each.* ()
- ** *Personal hand retrieval of item(s) from your residence, additional \$25.00 per trip.* ()

ASHES:

- Available for retrieval at our office by appointment. Included
- ** *Personal hand delivery of ashes to local residence or cemetery, additional \$25.00* ()
- ** *Scattering of ashes at sea by boat, additional \$99.00.* ()

\$603.75

REQUIRED GOVERNMENT FEES:

- State cremation fee. \$8.50
- Disposition / Burial permit. \$12.00
- Sales tax. \$4.75
- Certificate of death (not certified). \$0.00
- ** *Certified certificate(s) of death, additional \$25.00 each.* ()

TOTAL PACKAGE PRICE: \$629.00

**** POSSIBLE ADDITIONAL FEES:**

- \$150 + \$2.50 per pound in excess of 300 pounds.
- Ashes packaged & mailed domestically, \$110.
- Coroner / Medical examiner, fees vary.
- Additional disposition permit(s), fees vary.
- Additional decedent transportation, fees vary.
- V.A. National Cemetery Adm. eligibility, \$150.
- Insurance policy assignment processing, \$100.
- Amending certificate of death, \$75.
- Removal of implanted battery device, \$75.
- Additional staff for removal of decedent, \$100.
- Storage of ashes, \$50 per month.
- Decedent storage, \$50 per day.
- Removal standby time, \$100 per hour.
- Removal: Facility, \$295; Residence, \$395.

INITIAL HERE

