

Mortuary Aid Co.

5800 S. Eastern Avenue #502
Commerce, California 90040

AUTHORIZATION TO RELEASE

Name & address of facility/residence 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.

Mortuary Aid Co. 5800 S. Eastern Avenue #502, Commerce, California 90040

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 Repeat 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?	Implant battery device?	If applicable, loved one's place of death?		If applicable, coroner case #?



SIGNATURE _____

DATE _____

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.

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:

HOME OF PEACE MORTUARY, 4334 E. WHITTIER BLVD., LOS ANGELES, CA 90023
(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

MORTUARY AID CO., 323.749.9091

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

Attach additional pages if necessary

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

 Signed _____

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

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

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

 Signed _____

Person(s) contracting for cremation services

Date _____

Signed _____ Lic. # FD-2282

Funeral Director, Employee, or Agent for Funeral Establishment

If a Funeral Director

Date _____

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

BASIC CREMATION PACKAGE # 1C

TRANSPORTATION FROM A SOUTHERN CALIFORNIA:

-Residence, hospital, care facility, coroner, medical examiner, crematory, mortuary or cemetery. Included

ARRANGEMENTS:

-At our office by appointment or documents can be sent to you via email, fax or mail. 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

CARE & ADMINISTRATION:

-Immediate placement in storage 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

CREMATION:

-Standard cremation, up to 300 pounds. Included

-Standard cremation container, up to 300 pounds. (taxable) Included

-Transfer of ashes to one (1) urn, keepsake or jewelry. Included

-Plastic rectangular box urn containing ashes in clear plastic bag. (taxable) Included

ASHES:

-Available for retrieval at our office by appointment. Included

BASIC CREMATION PACKAGE

\$629.00

REQUIRED GOVERNMENT (CASH ADVANCE) FEES:

-State cremation fee. \$8.50

-Disposition / Burial / Travel / Scatter permit. \$12.00

-Sales tax. \$4.75

-Certificate of death (not certified). \$0.00

TOTAL BASIC CREMATION PACKAGE:

\$654.25

*** PACKAGE ADD-ONS:**

-Certified certificate(s) of death, additional \$25.00 each. () _____

-Hand delivery of ashes to local residence or cemetery, additional \$35.00. () _____

-Goodbye viewing, 30 minutes, 10 individuals, additional \$250.00. () _____

-Cremation insertion viewing, 15 minutes, 5 individuals, additional \$200.00. () _____

-Lock of hair, additional \$25.00. () _____

-Transfer of ashes to two (2) or more items, additional \$5.00 each. () _____

-Removal of implanted battery device, additional \$75.00. () _____

-Scattering of ashes at sea by boat, additional \$99.00. () _____

-Ashes packaged & mailed domestically, additional \$110.00. () _____

-Other, _____ () _____

REVISED TOTAL BASIC CREMATION PACKAGE:

**** POSSIBLE ADDITIONAL FEES:**

() \$250 + \$2.50 per lb. in excess of 300 lbs. () Additional decedent storage, \$50 per day.

() Coroner / Medical examiner, fees vary. () Additional storage of ashes, \$50 per month.

() Additional decedent transportation, fees vary. () Cancellation of service(s) rendered, fees vary.



INITIAL HERE

Mortuary Aid Co.

5800 S. Eastern Avenue #502
Commerce, California 90040

PAYMENT AUTHORIZATION

Beneficiary / Decedent Name: _____

\$ Amount: _____ For: _____

PLEASE SPECIFY PAYMENT METHOD BELOW:

- I will provide payment information over the phone. (sign below)
- I will pay online at www.MortuaryAid.com/MakePayment.html with a card. (sign below)
- I will make an appointment to come into the office and make a cash payment. (sign below)
- Bank Account Check Draft Authorization: (sign below)

Account Holder's Name: _____

Bank Name: _____ Account #: _____

Routing #: _____ Check #: _____

- Insurance Assignment: (sign below) **\$100.00 processing fee applies.

Insurance Co. Name: _____

Policy #: _____ Ins. Co. Phone #: _____

- Credit/Debit Card Charge Authorization: (sign below)

Type of Card: Master Visa Amex Discover Other _____

Name (as it appears on card): _____

Card Number: _____ Expiration Date: _____

3 Digit Code on Back of Card: _____ American Express, 4 Digit Code on Front: _____

Billing Zip Code: _____ Email for Receipt: _____

I promise to pay according to the method specified above. I authorize Mortuary Aid Co. to charge my bank, policy, account and/or card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods and/or services described above, for the amount indicated above and is valid for one time use only. I certify that I am an authorized user of this bank, policy, account and/or card and that I will not dispute the payment and/or charge.

 X _____ Date: _____