

Mortuary: \_\_\_\_\_

CASE # \_\_\_\_\_

Hospice:  YES  NO Hospice Agency: \_\_\_\_\_

BATCH \_\_\_\_\_

FUNERAL DIRECTOR \_\_\_\_\_

FAMILY SERVICE COUNSELOR \_\_\_\_\_

# EDRS \_\_\_\_\_

SALES CONTRACT # \_\_\_\_\_

		<b>CERTIFICATE OF DEATH</b>						
		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 1/03)			LOCAL REGISTRATION NUMBER			
		STATE FILE NUMBER						
<b>DECEDENT'S PERSONAL DATA</b>	1 NAME OF DECEDENT --- FIRST (Given)		2 MIDDLE		3 LAST (family)			
	AKA ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE LAST)			4 DATE OF BIRTH MM/DD/YY	5 AGE Yrs	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6 SEX
	9 BIRTH STATE / FOREIGN COUNTRY	10 SOCIAL SECURITY NUMBER	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS (of time of Death)		7 DATE OF DEATH (mm/dd/cc/yy)	8 HOUR (24 Hours)
	13 EDUCATION Highest Level Degree (see back)	14/15 WAS DECEDENT SPANISH / HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		16 DECEDENT'S RACE --- Up to 3 race may be listed (worksheet on back)				
	17 USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food, construction, employment agency, etc)			19 YEARS IN OCCUPATION		
<b>USUAL RESIDENCE</b>	20 DECEDENT'S RESIDENCE (Street and number or location)							
	21 CITY		22 COUNTY / PROVINCE		23 ZIP CODE	24 YEARS IN COUNTY	25 STATE / FOREIGN COUNTRY	
<b>INFORMATION</b>	26 INFORMANT'S NAME, RELATIONSHIP			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
<b>SPOUSE AND PARENT INFORMATION</b>	28 NAME OF SURVIVING SPOUSE --- FIRST		29 MIDDLE		30 LAST (Maiden Name)			
	31 NAME OF FATHER --- FIRST		32 MIDDLE		33 LAST		34 BIRTH STATE	
	35 NAME OF MOTHER --- FIRST		36 MIDDLE		37 LAST (Maiden Name)		38 BIRTH STATE	
<b>FUNERAL DIRECTOR LOCAL REGISTRAR</b>	39 DISPOSITION DATE (mm/dd/ccyy)		40 PLACE OF FINAL DISPOSITION					
	41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER			43 LICENSE NUMBER		
	44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTRAR		47 DATE (mm/dd/ccyy)		
<b>PLACE OF DEATH</b>	101 PLACE OF DEATH			102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DOA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home OC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104 COUNTRY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number or location)			106 CITY		
<b>PHYSICIAN'S CERTIFICATION</b>	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURED AT THE HOUR, DATE AND PLACE STATE FROM THE CAUSES STATE		115 SIGNATURE AND TITLE OF CERTIFIER			116 LICENSE NUMBER	117 DATE mm/dd/ccyy	
	Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					

By signing you are verifying that the information for the Death Certificate is TRUE & CORRECT.

Any corrections after the certificate is filed, will be at the expense of the family. **X**

**Authorized Signature**

**SPECIAL INSTRUCTIONS: PLEASE COMPLETE ITEMS 1-38**

**NUMBER OF DEATH CERTIFICATES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Informant's E-mail Address \_\_\_\_\_

Informant's Phone \_\_\_\_\_

COUNSELOR

Yearly No. _____	Monthly No. _____	Page No. _____
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## Disclosure of Preneed Funeral Agreement

The funeral establishment, A Serenity Funeral & Cremation,  
(funeral establishment name)  
license number FD 2123, **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

x

\_\_\_\_\_  
Signature of the survivor or responsible party

x

\_\_\_\_\_  
Date

x

\_\_\_\_\_  
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.



**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: A Serenity Funeral & Cremation  
(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:

Malinow and Silverman Mortuary 578 E San Bernardino Rd, Covina, CA 91723  
(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)