



# Simplicity CREMATION



## SIMPLE CREMATION ARRANGEMENT FORMS

FAX TO SIMPLICITY CREMATION: (888) 959-9105

OR EMAIL TO: [info@Simplicity247.com](mailto:info@Simplicity247.com)

FROM: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DECEASED: \_\_\_\_\_ 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're 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 in order to bring deceased to our care facility. (If deceased is at a Coroner/Medical Examiner then you must print separate release from SIMPLICITY CREMATION 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)*

### 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

GLENDALE

SANTA ANA

SAN BERNARDINO

RIVERSIDE

PALM DESERT

DECEASED: \_\_\_\_\_ DATE OF STATEMENT: \_\_\_\_\_

**SIMPLE BASIC CREMATION OPTION**

■ **Simple Private Cremation Service** ..... \$ **580.00**

- Southern California Transportation (Residence, Facility, or Medical Examiner)
- Alternative Care (Refrigeration)
- Basic Cremation Container (Cardboard Container deceased is cremated in)
- Private Cremation (within *approx. 8-10 business days of cremation permit*)
- Basic Plastic Container for Cremated Remains
- California State Cremation Regulatory Fee
- California Cremation/Disposition Permit
- Family Receives Cremated Remains at a Simplicity location

- Deceased Weight: ( \_\_\_\_\_ ) select from page 4 ..... \$ \_\_\_\_\_
- Additional Transportation: ( \_\_\_\_\_ ) select from page 4 ..... \$ \_\_\_\_\_
- Removal of Implanted Devices containing batteries such as pacemaker ..... \$ 265.00
- Witness Cremation (6 persons, 15 minutes, minimal preparation, at crematory) .. \$ 700.00
- Identification Viewing (6 persons, 15 minutes, minimal preparation) ..... \$ 650.00
- Alternative Care (Refrigeration) after 8<sup>th</sup> day of death \_\_\_\_\_ days at \$25/day ..... \$ \_\_\_\_\_
  
- Local Hand Delivery of Cremated Remains to Family or Cemetery ..... \$ 245.00
- Shipping by US Postal Service (Tracked and Restricted Delivery) ..... \$ 190.00
- Sea Scattering off Coast of Orange County (non-witness, non-recoverable) ..... \$ 285.00
- Placement of Cremated Remains in Urn Provided by Family ..... \$ 40.00

**B. MERCHANDISE**

- Other Urn or Keepsake...select from page 4 ( \_\_\_\_\_ ) ..... \$ \_\_\_\_\_

**C. COUNTY / STATE FEES**

- 8.25% Sales Tax **on Merchandise only** ..... \$ \_\_\_\_\_
- Coroner / Medical Examiner Fees ( \_\_\_\_\_ ) select from page 4 ..... \$ \_\_\_\_\_
- Certified Copies of Death Certificate (**see note below**)
- # \_\_\_\_\_ at \$21.00 per copy **plus** \$35.00 administrative processing fee ..... \$ \_\_\_\_\_
- Additional Disposition Permits for Additional Urns # \_\_\_\_\_ at \$12.00 each ..... \$ \_\_\_\_\_

**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 certified copies on your own after we have filed the original death certificate, or you may request that Simplicity orders them for you. Either way, depending on the county, it may take up to four weeks to receive your certified copies once they are ordered.*

*We suggest that you check on the requirements of the following, but you may need certified copies for: Social Security, Bank Accounts, Life Insurance, Real Estate, Trust Accounts, Department of Motor Vehicles, Creditors, 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:** \_\_\_\_\_ **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 CREMATION 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.

**SIGN**

**Signature of Purchaser:** \_\_\_\_\_ **Printed Name of Purchaser:** \_\_\_\_\_

Purchaser's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchaser's Telephone #: \_\_\_\_\_ Purchaser's Email Address: \_\_\_\_\_

## BASIC URN SELECTION



**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  
\$ 85.00



**Rosewood Hand Carved Urn**  
5" x 9.5" x 6.5"  
218 cubic inches  
\$145.00



**Sierra White Cultured Stone Urn**  
7" x 5.5" x 8.5"  
210 cubic inches  
\$ 245.00



**Traditional Bronze Urn**  
10.5" x 6" x 6"  
200 cubic inches  
\$ 285.00



**Brushed Pewter Urn**  
10.5" x 6" x 6"  
200 cubic inches  
\$ 285.00



**Espresso Brown Alloy Urn**  
9" x 6.9"  
200 cubic inches  
\$345.00



**Kenzy Cultured Marble Urn**  
9.75" x 6.75" x 6.5"  
200 cubic inches  
\$ 360.00



**Bios Urn Biodegradable**  
Allows for proper growth of a tree or plant when planted with cremated remains  
\$390.00



**4 Capsule Keepsakes Tubes**  
Brushed Silver  
Approx 1"  
\$100.00



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

Additional Urns, Keepsakes, and Cremation Jewelry can be found on our website at [www.Simplicity247.com](http://www.Simplicity247.com)

### ADDITIONAL CREMATORY FEE *Based on Weight*

251 lbs. to 275 lbs. ....	\$ 350.00	276 lbs. to 300 lbs. ....	\$ 425.00
301 lbs. to 325 lbs. ....	\$ 500.00	326 lbs. to 350 lbs. ....	\$ 575.00
351 lbs. to 375 lbs. ....	\$ 650.00	376 lbs. to 400 lbs. ....	\$ 725.00
401 lbs. to 425 lbs. ....	\$ 800.00	426 lbs. to 450 lbs. ....	\$ 875.00
451 lbs. to 475 lbs. ....	\$ 950.00	476 lbs. to 500 lbs. ....	\$1025.00
501 lbs. to 525 lbs. ....	\$1100.00	526 lbs. to 550 lbs. ....	\$1175.00

### 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, Barstow)	\$ 0.00
• Orange County	\$ 0.00
• Los Angeles County (Metro)	\$ 0.00
• Los Angeles County (Antelope Valley)	\$ 200.00
• San Diego County	\$ 200.00
• Ventura County	\$ 200.00

### CORONER FEE

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

Riverside County .....	\$ 320.00
San Bernardino County .....	\$ 253.38
San Diego County .....	\$ 173.00
Los Angeles County .. (bills family direct)	
Orange County .....	\$ 318.00
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](http://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"



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? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE <input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PPROFESSIONAL ( e.g., PhD)					
14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED		
16. USUAL OCCUPATION FOR MOST OF LIFE <b>DO NOT USE RETIRED OR UNEMPLOYED</b>		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		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 <b>(MAIDEN NAME)</b>	
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 <b>(MAIDEN NAME)</b>		40. BIRTH STATE			
41. FINAL DISPOSITION (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER BY FAMILY <input type="checkbox"/> SEA SCATTER BY SIMPLICITY					
42. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE, OR CEMETERY NAME AND ADDRESS OR COUNTY OF OCEAN WATER CREMATED REMAINS WILL BE SCATTERED IN.					

I have read the above information, and state that it is true & correct, and release SIMPLICITY CREMATION from any charges that may occur in the correction of the original certificate due to this information. I agree that any information left blank will be considered "Unknown".



**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



PHONE: (888) 959-9101

### HOSPITAL RELEASE

**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

\*\*\*\*\*

### 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 CREMATION**, license number **FD2178**, **DOES NOT** have a preneed arrangement, as defined below, made by or on my behalf (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 and 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 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 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 and 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 (\$1,000.00), whichever is greater.

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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of the Survivor or Responsible Party

\_\_\_\_\_  
Signature of Funeral Establishment Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Funeral Establishment Representative

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: Simplicity Cremation  
 (Funeral Establishment Name)

RE: \_\_\_\_\_  
 (Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives of 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 X (check one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location:

Macera Crematory 1020 North Fuller Street, Santa Ana, California or  
Family 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Month) (Year) (City) (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 authorized 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Month) (Year) (City) (State)

\_\_\_\_\_  
 Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
 Funeral Establishment Representative (Signature)



# Authorization for Cremation and Disposition of Human Remains



NOTE: This is an important legal document which you should read carefully before signing. If you have any questions, please ask your Funeral Counselor. For more information on Funeral, Cemetery and Cremation matters, please contact: The Department of Consumer Affairs Cemetery and Funeral Bureau at 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916) 574-7870.

The Cremation Process is performed according to California Law. There can be no allowance for ethnic or religious variations. Subject to the rules and regulations of *Family Crematory* ("The Crematory") and any applicable federal, state and local laws or ordinances, the undersigned hereby certifies, warrants and represents that they have the full legal right and authority to authorize, and do hereby authorize *The Crematory* to perform the cremation for the remains of:

<b>Name of Deceased:</b> _____	<b>Sex:</b> _____
<b>Address:</b> _____	
<b>Date of Birth:</b> _____	<b>Date of Death:</b> _____
<b>Funeral Home/Cremation Society:</b> _____	

**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)	<b>Initial</b> _____ YES	<b>Initial</b> _____ NO	<b>INITIAL ONE</b>
I/We desire to witness the insertion into the cremation chamber (NOTE: Additional fee for Witness Cremation applies)	<b>Initial</b> _____ YES	<b>Initial</b> _____ NO	<b>INITIAL ONE</b>
I/We desire to witness the entire cremation process (NOTE: Additional fee for Witness Entire Cremation Process applies)	<b>Initial</b> _____ YES	<b>Initial</b> _____ NO	<b>INITIAL ONE</b>

ADDITIONAL SPECIAL INSTRUCTIONS: \_\_\_\_\_

**CASKET/CONTAINER** *The Crematory* requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) Be composed of combustible materials suitable for cremation. 2) Be able to be closed to provide a complete covering for human remains. 3) Be resistant to leakage or spillage. 4) Be sufficient for handling with ease. 5) Be able to provide protection for the Health and Safety of *The Crematory* personnel. *The Crematory* is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, *The Crematory* may contact the Funeral Home/Cremation Society directly for instructions. Metal, Plastic, Fiberglass Caskets/Cremation Containers will not be allowed to be cremated. *The Crematory* is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. I/We further authorize *The Crematory* to make the disposition of any noncombustible items in any lawful manner it deems appropriate. These may include, but not limited to hinges, handles, latches, etc. In the event the urn or any other container is insufficient to accommodate all the cremated remains, the excess cremated remains will be placed in a separate receptacle (plastic urn) at no addition charge. The plastic urn will be kept with the primary receptacle and handled according to the disposition instructions on this form.

Description of Cremation Container: \_\_\_\_\_ Description of Cremated Remains Container: \_\_\_\_\_

**PACEMAKER, PROSTHESES, AND RADIOACTIVE DEVICES** Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If *The Crematory* is not notified of these devices and/or implants and is not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to *The Crematory* personnel or equipment by such devices or implants. By initialing the paragraph, I/we give permission to *The Crematory*, Funeral Home/Cremation Society and any member of their staff to remove the surgical hardware as referenced above prior to cremation. *The Crematory* and/or the Funeral Home/Cremation Society are authorized to dispose of the device(s) as deemed appropriate.

I/WE Certify that the remains of the deceased **Initial** \_\_\_\_\_ DO **Initial** \_\_\_\_\_ DO NOT contain any type of implanted Mechanical or radioactive device

**INITIAL ONE**

The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation and Funeral Home/Cremation Society or Crematory has been authorized to remove the devices: \_\_\_\_\_

**WEIGHT LIMITATIONS** Due to limitations on the cremation chamber and restrictions by the local air quality district, the crematory has set certain restrictions and additional fees for any cremation over 250 lbs.

I/We certify the remains of the deceased are under 250 lbs. **Initial** \_\_\_\_\_ YES **Initial** \_\_\_\_\_ NO **INITIAL ONE**

**DECEASED** \_\_\_\_\_

**THE CREMATION PROCESS** The human body burns with the casket, container and/or other materials 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 the 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. Some residue remains in the cracks in uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgment shall be filed and retained, for at least five years by the person who disposed of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold and silver or jewelry (as well as any body prostheses or dental bridgework) that are left with the decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non recoverable. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all noncombustible materials, where possible, will be separated and removed from the human bone fragments by visible selection. *The Crematory* is authorized to dispose of these materials with similar materials from other cremations in a manner they deem fit in a non recoverable manner, so that only the human bone fragments will remain. There may be small non combustible material the operator may not visibly see and be placed into the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contained recognizable bone fragments. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized) which includes crushing particles unrecognizable as human remains, prior to the placement into the designed container.

Initial

INITIAL

I/We authorize *The Crematory* to release the cremated remains of the Decedent to the possession and custody of the Funeral Home/Cremation Society. Cremated remains will be delivered by *The Crematory* to the Funeral Home/Cremation Society unless otherwise instructed, in writing, signed by the Funeral Home/Cremation Society and the Authorized Agent. I/We understand that the services and obligation of *The Crematory* shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home/Cremation Society.

Funeral Home/Cremation Society is authorize to:

INITIAL CORRECT DISPOSITION

**Release the cremated remains to:** \_\_\_\_\_ Telephone: \_\_\_\_\_

(NOTE: I understand that if the cremated remains are not picked up within twenty (20) days after the cremation, the Funeral Home may deliver the remains to a licensed cemetery for final disposition, or to the proper public administrator as abandoned which may make the cremated remains unrecoverable)

**Mail the cremated remains to:** \_\_\_\_\_

(Name and Address) (ADDITIONAL FEE FOR MAILING WILL APPLY)

(NOTE: Cremated Remains will be mailed via U.S. Postal Service, tracked with restricted signature delivery. I understand the Funeral Home/Cremation Society is acting solely as my agent in mailing the remains, and I agree that the Funeral Home/Cremation Society shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.)

**Scatter at sea by Funeral Home/Cremation Society non-witnessed off Coast of Orange County**

(ADDITIONAL FEE FOR SCATTERING WILL APPLY)

(NOTE: I understand that the Funeral Home/Cremation Society is acting solely as my agent as an accommodation to me in the scatter of the remains)

**Authorizing Agents:** An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to the Health and Safety Code Section 7100. 1) Decedent, 2) An agent under Power of Attorney of Health Care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/we nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold harmless *Family Crematory*, the Funeral Home/Cremation Society, their affiliates, employees and/or assignees harmless from any and all losses, damages, cost or expense resulting from the Funeral Home/Cremation Society and *The Crematory's* reliance on or performance consistent with directions, declarations, representation, authorization and agreement herein, including, but not limited to any delay in or damage arising from the transportation of the human remains or cremated remains of the Decedent and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or have waived my/our rights of identification of the Decedent that were delivered to the Funeral Home/Cremation Society as the Decedent. **I/We have authorized the Funeral Home/Cremation Society to deliver the Decedent to *The Crematory* and to be cremated by *The Crematory* per this Authorization for Cremation and Disposition of Human Remains agreement.**



Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

SIMPLICITY CREMATION REPRESENTATIVE \_\_\_\_\_

**DECLARATION FOR DISPOSITION OF CREMATED REMAINS**

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in the possession of **SIMPLICITY CREMATION (888) 959-9101**, will be cremated by Family Crematory (909) 796-6000, or Macera Crematory (888) 959-9101 and shall be disposed of in the following manner (Note 1):

**(specify what will be done with the cremated remains; Residence address and who will be holding, Cemetery and address, or Scattered off of what coast and county in California)**

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_


 **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) with legal right to control disposition

Name of person(s) contracting for cremation services: \_\_\_\_\_

 **Signed** \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) contracting for cremation services

**Signed** \_\_\_\_\_ **Lic #** \_\_\_\_\_ **Date** \_\_\_\_\_  
Funeral Director, Employee, or Agent for Funeral Establishment      If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal disposition 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.