



Simplicity CREMATION



SIMPLE CREMATION ARRANGEMENT FORMS

FAX TO SIMPLICITY CREMATION: (888) 959-9105

OR EMAIL TO: 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 8th 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

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

ADDITIONAL CREMATORY FEE		<i>Based on Weight</i>	
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

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 PREFERRED PROFESSIONAL (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 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		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)		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 _____

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:

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

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: _____

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.**

SIGN HERE 

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.