



SIMPLE CREMATION ARRANGEMENT FORMS

FAX TO GENERATIONS: (888) 827-8610

Or EMAIL TO: GENERATIONSCREMATIONCENTERS@GMAIL.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) 827-8213

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.

GENERATIONS 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.

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 GENERATIONS CREMATION website.)

DISCLOSURE OF PRENEED FUNERAL AGREEMENT

This form indicates an existence or absence of a pre-arrangement with Generations 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 8-9)

These forms authorize GENERATIONS CREMATION to handle the cremation of deceased.

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) 827-8213.**



DECEASED: _____ DATE OF STATEMENT: _____

GENERATIONS DIRECT CREMATION

- Simple Cremation Service** **\$ 680.00**
 - Southern California Transportation (Residence, Facility, or Medical Examiner)
 - Alternative Care (Refrigeration)
 - Basic Cremation Container (Cardboard Container deceased is cremated in)
 - Cremation (within *approx. 10-12 business days of permit*)
 - Basic Plastic Container for Cremated Remains
 - California State Cremation Regulatory Fee
 - California Cremation/Disposition Permit
 - Family Receive Cremated Remains at a Generations location or within 25 miles

- Deceased Weight: (_____) select from page 4 \$ _____
- Removal of Implanted Devices containing batteries such as pacemaker \$200.00
- Witness Cremation (6 persons, 15 minutes, minimal preparation, at crematory) \$600.00
- Identification Viewing (6 persons, 15 minutes, minimal preparation) \$550.00
- Alternative Care (Refrigeration) after 8th day of death _____ days at \$25/day \$ _____
- Local hand delivery of Cremated Remains to Family or Cemetery not covered above \$195.00
- Shipping by US Postal Service (Tracked and Restricted Delivery) \$200.00
- Sea Scattering off Coast of Los Angeles (non-witnesses, non-recoverable) \$250.00
- Placement of Cremated Remains in Urn Provided by Family \$40.00

A. MERCHANDISE

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

B. COUNTY / STATE FEES

- 9.5% Sales Tax on **Merchandise Only** \$ _____
- Coroner / Medical Examiner Fees () select from page 4 \$ _____
- Certified Copies of Death Certificate*
_____ at \$24.00 per copy \$ _____
- Additional Disposition Permits for Additional Urns # _____ @ \$12.00 each \$ _____

TOTAL \$ _____

c. DISCOUNTS AND CREDITS (one discount per arrangement)

- Hospice Discount \$50.00 (\$ _____)
(For verification) Hospice Organization _____
Name of Social Worker _____ Phone _____
- Veteran Discount \$50.00 (\$ _____)
(For verification) Please provide a copy of DD214 Military Discharge paper

TOTAL with Discounts \$ _____

*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 Generations orders them for you. Either way, depending on the county, it may take up to four weeks to receive your certified copies once ordered.

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 GENERATIONS 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.
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.
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.
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 1/4" x 6 1/2" x 4 1/2"
200 cubic inches
\$ included



Rosewood Simple Modern Design with lines
9" x 6.5" x 5"
200 cubic inches
\$ 135.00



Traditional Wood Urn
8.5" x 6.5" x 4.5"
170 cubic inches
\$ 120.00



EcoBio Natural Fiber Urn
Biodegradable
6.75" x 5.5" x 11.25"
215 cubic inches
\$ 150.00



Traditional Bronze Urn
10.5" x 6" x 6"
200 cubic inches
\$ 210.00



Engineered Wood - Honey
8.25" x 5.375" x 5"
130 cubic inches/Large Keepsake
\$ 100.00



Brushed Pewter Urn
10.5" x 6" x 6"
200 cubic inches
\$ 230.00



Tuscany Cultured Marble/Carrera White
9.5" x 6.5" x 6.5"
225 cubic inches
\$ 285.00

Additional Urns, Keepsakes, and Cremation Jewelry can be found on our website at www.generations247.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
• 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
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.generations247.com

Generations - VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)

**PLEASE TYPE OR PRINT CLEARLY**

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 (NODEGREE) <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 (FIRST MIDDLE LAST)		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 SURVIVING 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, NOT MARRIED NAME)	40. BIRTH STATE
<input type="checkbox"/> 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 Generations					
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 GENERATIONS 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".**

SIGN

SIGNATURE: _____

DATE: _____



FD2283

PHONE: (888) 827-8213

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.

SIGN

SIGNATURE: _____ DATE: _____

PHYSICIAN AND HOSPICE INFORMATION

Attending Physician _____ Physician's Phone No. _____

Hospice Organization (if under Hospice Care) _____ Phone No. _____

Hospice Social Worker Name and Phone No. _____

Disclosure of Preneed Funeral Agreement



The funeral establishment, GENERATIONS,
(funeral establishment name),
license number FD 2283, **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

Karen McLaughlin FDR3949

Funeral Director

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: GENERATIONS
(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:

Macera Crematory 1020 N Fuller St. Santa Ana, CA 92701
(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)

Karen McLaughlin FDR3949
Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)

Cremation Authorization

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SACRAMENTO, CA 95834. PHONE: (916) 574-7870.

AUTHORIZATION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize (name of funeral home) GENERATIONS (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of the decedent named below (the Decedent) in accordance with and subject to the provisions set forth in this document, at MACERA CREMATORY (hereafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

Name of Deceased _____	Sex: _____
Address: _____	
Date of Birth _____	Date of Death _____

PACEMAKERS, DEFIBRILLATORS AND OTHER ELECTRONIC IMPLANTS

Electronic devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. All electronic implants must be removed prior to cremation.

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 Establishment has been authorized to remove the devices: _____

CREMATION PROCESS

Statutory definition pursuant to Health and Safety Code 7054.7(b): The human body burns with the casket, container, or other material 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 that 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 amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

WITNESSED CREMATIONS

The crematory permits witness cremations 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 participants through the Funeral Establishment

I/We desire to identify the remains before cremation Initial _____ Yes Initial _____ No INITIAL ONE

I/We desire to witness the cremation process Initial _____ Yes Initial _____ No INITIAL ONE

CREMATORY

The undersigned authorizes the Funeral Establishment and Crematory to perform the cremation process at an alternate crematory should the Crematory be unable to cremate the decedent in a timely manner because of cremator repairs, malfunctions, weight limitations, backlog or other exigent circumstances.

CREMATION CONTAINERS

The Crematory and state law requires a durable container for the cremation. All cremation containers must be combustible, leak resistant and closed. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation.

CREMATION CONTAINER / CREMATED REMAINS CONTAINER PROVIDED

Description of Cremation Container: CARDBOARD ALTERNATIVE CONTAINER

Description of Cremated Remains Container: TEMPORARY PLASTIC URN

CREMATED REMAINS CONTAINERS

After the cremated remains have been processed, they will be placed in the designated cremated remains container. The Crematory will make a reasonable effort to put all of the cremated remains in the cremated remains container, with the exception of dust or other residue that may remain on the processing equipment. In the event the cremated remains container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate cremated remains container, which will be secured to the primary cremated remains container unless the Authorizing Agent has requested splitting of the cremated remains for multiple dispositions. Adult cremated remains containers should have a minimum volume of 200 cubic inches.

DISCLOSURES, WARRANTIES, AND PERMISSIONS

By signing or electronically agreeing to this document, I(We) certify, understand and acknowledge the following:

- *That the deceased person named above has not given other specific directions concerning the disposal of his/her remains
- *That I(we) are the majority of the right holders of the Decedent; or otherwise have charge of the remains of the Decedent and possess full legal authority and power, according to the laws of the state to execute this authorization form and arrange for the cremation and disposition of the cremated remains of the Decedent;
- *That I(we) are not aware of legal objection to this cremation by any spouse, child, parent or sibling;
- *That incidental or inadvertent commingling of the cremated remains may occur, including the incidental commingling of the cremated remains resulting from the processing of the remains, and the disposal or recycling (with other residuals) by the Crematory of metal or other non human material recovered to which may be affixed bone particles;
- *That if I(we) wish to remove and/or retain any items from the remains, I(we) must do so directly or by designated representative prior to the cremation process;
- *That the cremation process may destroy dental gold, silver, jewelry, or mementos, and to that extent (a) understand that dental gold and silver, jewelry and mementos to the extent it may be identified may be returned to the cremated remains container and (b) understand that dental gold and silver, jewelry and mementos that cannot be identified may not be returned to the cremated remains container and hereby direct the crematory to dispose of unidentified dental gold and silver, mementos and jewelry in a lawful manner which may include recycling of surgical metal.

(Initial)

INITIAL

INDEMNITY

I(We) declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the Funeral Establishment and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. (Health and Safety Codes 7110 and 7111) I agree to hold harmless, indemnify and defend the above named Funeral Establishment and Crematory as well as their representatives, directors, officers, agents, employees, shareholders, from and against all claims, liabilities, or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of cremated remains, the processing of remains, shipping of remains, any explodable implant, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

RIGHT TO CONTROL DISPOSITION

The right to control disposition of the remains of the deceased person vests upon the following in the order named:

1. The decedent by provisions in a Will or by a prearranged clear and funded contract with a funeral establishment.
2. The attorney in fact (agent) of a California Power of Attorney for Health Care.
3. The competent surviving spouse or California Secretary of State registered domestic partner.
4. A majority of the surviving competent adult children of the decedent.
5. The surviving competent parents of the decedent.
6. A majority of the surviving competent adult brothers and sisters of the decedent.
7. A majority of the competent adult persons in the next degree of kindred

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document.

SIGN

Date _____

Name _____

Signature _____

Relationship: _____

Phone No. _____

Address: _____

Name _____

Signature _____

Relationship: _____

Phone No. _____

Address: _____

Name _____

Signature _____

Relationship: _____

Phone No. _____

Address: _____

GENERATIONS REPRESENTATIVE Karen McLaughlin FDR 3949

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS



I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person arrangements are for
the possession of GENERATIONS (888) 827-8213 will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by MACERA CREMATORY (714) 647-0709 and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number
manner¹: _____
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary
Name of person(s) with the legal right to control disposition²: _____

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

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

Signed _____ **Date** _____
Person(s) contracting for cremation or hydrolysis services
Signed _____ **Date** _____
Funeral Director, Employee, or Agent for Funeral Establishment Lic. # 3949 If a Funeral Director

IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS

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

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

¹ See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.
² See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.