

Mortuary: _____

CASE # _____

Hospice: YES NO Hospice Agency: _____

BATCH _____

FUNERAL DIRECTOR _____

EDRS _____

SALES CONTRACT # _____

FAMILY SERVICE COUNSELOR _____

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

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

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

Authorized Signature

SPECIAL INSTRUCTIONS: PLEASE COMPLETE ITEMS 1-38

NUMBER OF DEATH CERTIFICATES: _____

Informant's E-mail Address _____

Informant's Phone _____

COUNSELOR

Yearly No. _____	Monthly No. _____	Page No. _____
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Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall to refer to all persons authorizing the cremation & disposition.) I, the undersigned declarant(s) do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and disposition of _____ my _____ whose Last known address was _____, _____, _____ and who died on _____ I further state that I am Section 7100 authority pursuant to the following.

Section 7100 Authority...

I am the Section 7100 authority legally authorized to permit/select cremation as the form of disposition for the decedent listed herein. My authority is because I am one of the following:

Initial one box.

- Self. I am signing this as a result of a preneed contract I have entered into.
- Attorney in fact under a power of attorney for health care. Attach copy.
- Surviving spouse.
- Registered domestic partner.
- Sole surviving adult child.
- We (insert #) _____ adult children represent a majority of (insert #) _____ adult children. We are not aware of any opposition to the cremation on the decedent on the part or one half or more of said adult children.
- We are the available surviving adult children of the deceased and have used reasonable efforts to notify all other surviving adult children of this authorization and are not aware of any opposition of the cremation of the decedent on the part of one half or more. There are (insert #) _____ surviving adult children.
- Surviving competent parent(s) of the decedent. No adult children exists.
- Other: A competent adult person(s) in the next degree of kindred. I am the only surviving adult _____ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify such person(s) and have been unsuccessful. OR we are the majority of the surviving _____ and we have used reasonable efforts to notify all other persons in the same degree of kindred and are not aware of any opposition to this authorization by one half or more.

_____ I am a licensed funeral director. My license # is _____ and I have notified the public administrator, in writing of the passing and that there are no known persons with the authority to sign the authorization. The public administrator has failed to act and seven days have elapsed from the date of notification: therefore I am acting as the authorizing agent.

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration.

Signed _____
Print _____
Relationship _____ Date _____

Signed _____
Print _____
Relationship _____ Date _____

Signed _____
Print _____
Relationship _____ Date _____

Signed _____
Print _____
Relationship _____ Date _____

Authorization for Cremation & Disposition

I do hereby give this explicit authorization to: *Evergreen Cemetery / Crematory* (the crematory) to provide the following services, to which I agree to pay the usual and customary fees.

1. Cremation:

Cremated the body of the decedent named above in accordance with and subject to the crematory's rules and regulations and the laws and regulations of the State of California.

I acknowledge the following descriptive statement of the cremation process as required by the Health & Safety code Section 7054.7 (c) (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 in the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery, or scattered at sea".

1a. I understand that the crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible container. I authorize the crematory to remove and dispose of handles, ornaments and all other not combustible container. I authorize the crematory to remove and dispose of handles, ornaments and all other non combustible materials of the cremation container or casket.

1b. I further acknowledge the following. "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 & Safety Cod." If the cremated remains container cannot accommodate all the of the cremated remains of the deceased, the crematory shall provide a larger 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 & Safety code.

2. Implants, Mechanical & Radioactive Devices:

Mechanical or radioactive devices, such as pace makers and insulin may be a hazard if placed in the cremation chamber. The crematory will therefore not knowing cremate any remains which contain such a device.

I certify the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal prior to delivery to the crematory. [REDACTED] INITIALS

3. Mementos, Jewelry, Dental Appliances / Gold-Silver, & Other Foreign Materials

Items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any other foreign materials placed in the cremation chamber with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the chamber, I authorize their disposal.

4. Disposition:

I authorize you to take the action I have indicated below with respect to the decedent's cremated remains.

___ Deliver/release remains to: _____
Name & Address

___ For the following disposition _____

___ Mail the remains to: _____ Via U.S. Postal-Registered mail

___ Other _____

Note: Cremated remains not picked up within days of the decedents death at the crematory may be delivered to a licensed cemetery for disposition, in a manner which may make the remains non-recoverable. If the remains are mailed, I agree that crematory is acting solely as my agent in mailing the remains, and agree that the crematory shall not be liable if the remains are lost or damage. [REDACTED] INITIALS

Authority to Conduct Burial or Cremation Service

This is your guide in correctly selecting your authority in authorizing the cremation or burial of your family member. Please read these instructions carefully as incorrect designation agents cannot authorize our services.

**Declaration: I declare that I am the person having full legal authority to authorize the _____ burial or _____ cremation of _____ (Decedent).
I warrant that my authority is because I am the following (checked) agent:**

____ Self (This designation is only when a **Pre-Need Contract** is signed.)

____ Attorney in fact under a **Power of Attorney for Health Care**.
Attach a copy of the Power of Attorney for Health Care. A General Power of Attorney is not acceptable **Unless** it specifically authorizes disposition.

____ The surviving spouse or **Registered** Domestic Partner.

____ I am the sole surviving **Adult** child of the deceased.

____ We (insert #) _____ adult children, represent a majority of (insert #) _____ adult children. All adult (**over 18 years old**) children must sign the authorization. We are not aware of any opposition to the burial or cremation of the decedent on the part of one half or more of said adult children.

____ We are the available surviving adult children of the deceased and have used reasonable efforts to notify all other surviving adult children of this authorization and are not aware of any opposition to the burial or cremation of the decedent on the part of one half or more of said adult children.

____ Surviving competent parent(s) of the decedent. No adult children exist.

____ Other: A competent adult person(s) in the next degree of kindred.
I am the only surviving _____ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify such person(s) and have been unsuccessful. (**OR**) We are the majority of the surviving _____ and we have used reasonable efforts to notify all other persons in the same degree of kindred and are not aware of any opposition to this authorization by one half or more.

____ I am a licensed Funeral Director, license # _____ and have notified the Public Administrator, in writing, of the decedent's passing and that there are no known persons with the authority to sign the authorization. The Public Administrator has failed to act and seven days have elapsed from the date of notification; therefore, I am acting as the authorizing agent.

Executed at _____, California this _____ day of _____, 20 _____

x Signature: _____ Relationship: _____

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____

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 A SERENITY FUNERAL & CREMATION SVCS (323) 264-0065 will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by EVERGREEN CEMETERY & CREMATORY (323) 268-6714 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

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

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. # 2166
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.

A SERENITY FUNERAL & CREMATION SERVICES, INC.
FD-2123

RELEASE AUTHORIZATION

I, We, the undersigned, hereby authorize and request

x _____, to release / transfer the body of
(PLACE OF DEATH / ASSOCIATE FUNERAL HOME)

x _____, to the above named funeral home.
(NAME OF DECEASED)

I / We acknowledge and agree that this Release Authorization permits the above named funeral home to use the services of other funeral homes / affiliates, or other independent contractors in connection with the transfer of the deceased from the place of death.

I / We represent that I / We have legal authority to give this authorization. I / We agree to indemnify and hold the above named funeral home, its affiliates and their agents and employees harmless from any and all liability or claim, which may arise as a result of this Release Authorizaion.

x _____
(SIGNATURE)

x _____
(DATE)

x _____
(PRINT NAME)

(RELATIONSHIP TO DECEASED)

WITNESS (FUNERAL HOME REPRESENTATIVE)

(DATE)

PRINT NAME (FUNERAL HOME REPRESENTATIVE)

IF AUTHORIZATION IS ORAL, COMPLETE THE FOLLOWING

AUTHORIZATION RECEIVED FROM

FUNERAL HOME REPRESENTATIVE

RELATIONSHIP TO DECEASED

DATE AND TIME RECEIVED

3645 E. 3rd ST SUITE 1 LOS ANGELES, CA 90063
(323) 264-0065 / (833) 790-2159 fax
aserenityfunerals@gmail.com

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: A Serenity Funeral & Cremation
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, _____, do do not (check one) request embalming. I understand that for storage or embalming purposes the decedent may be transported to the following location:

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

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this _____ day of _____, _____, at _____.
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did ___ did not ___ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____ Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, _____, at _____.
(Month) (Year) (City and State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)

Disclosure of Preneed Funeral Agreement

The funeral establishment, A Serenity Funeral & Cremation,
(funeral establishment name)
license number FD 2123, **DOES** _____, **DOES NOT** _____ (check one) have a preneed arrangement, as
defined below, made by or on behalf of _____.
(name of decedent)

“Preneed arrangement,” "preneed agreement" or "preneed" is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

Funeral Establishment’s Responsibility – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834
916-574-7870

x

Signature of the survivor or responsible party

x

Print name of the survivor or responsible party

Signature of funeral establishment representative

Print name of funeral establishment representative

x

Date

Date

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.