Mortuary: _____

Hospice: ☐ YES ☐ NO Hospice Agency: _____

CASE # _____

BATCH _____

FUNERAL DIRECTOR _____

FAMILY SERVICE COUNSELOR _____

_____ # EDRS

_____ SALES CONTRACT #

CERTIFICATE OF DEATH

STATE FILE NUMBER _____

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/03)

LOCAL REGISTRATION NUMBER _____

DECENDENT'S PERSONAL DATA

1 NAME OF DECENDENT --- 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? ☐ YES ☐ NO ☐ 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? ☐ YES ☐ 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, fodd, construccttion, 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

INFOR-MATION

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 ☐ IP ☐ ER/CP ☐ DOA	103 IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home OC ☐ Decedent's Home ☐ 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/cc/yy	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 Cerfiticate 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. _____

Disclosure of Preneed Funeral Agreement

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

If the funeral establishment ***does have*** a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

_____ _____
Signature of funeral establishment representative Date

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

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

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

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

x x
Signature of the survivor or responsible party Date

x
Print name of the survivor or responsible party

_____ _____
Signature of funeral establishment representative Date

_____ _____
Print name of funeral establishment representative Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.

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)

1 / We acknowledge and agreee 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 indemnifty and hold the above named funeral home, its affiliates and their agents and employees harmless from any and all liability or claim, whih may arise as a resutlt of this Release Authorizaion.

x _____ x _____
(SIGNATURE) (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:

Peace Cemetery and Mortuary 4334 Whittier Blvd, Los Angeles, CA 90023
(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), at _____ (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 _____ (Month), _____ (Year), at _____ (City and State).

_____ Funeral Establishment Representative (Print Name)

_____ Funeral Establishment Representative (Signature)