

Yost & Webb Funeral Home

License FD 489
1002 T Street, Fresno, CA 93721 ▪ Phone 559-237-4147 ▪ FAX 559-266-3510

Death Certificate Information Form

THIS FORM MAY BE COMPLETED ON YOUR COMPUTER, THEN FAXED, OR SCANNED AS A "PDF" FILE & EMAILED
Statistical information is required by the State of California to prepare a State Death Certificate. This information is maintained confidentially.

- IF ANY QUESTION IS UNKNOWN OR NOT APPLICABLE AT THIS TIME, PLEASE LEAVE IT BLANK. AN ARRANGER WILL ASSIST YOU -

DECEDENT'S PERSONAL DATA	DECEDENT'S FIRST NAME		MIDDLE NAME		LAST NAME			
	ALSO KNOW AS				DATE OF BIRTH		AGE	SEX
	BIRTH STATE	SOCIAL SECURITY NUMBER	EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		MARITAL STATUS		DATE OF DEATH	HOUR
	EDUCATION LEVEL #YRS OR DEGREE		IS DECEDENT HISPANIC/LATINO/SPANISH <input type="checkbox"/> Yes <input type="checkbox"/> No			RACE		
	USUAL OCCUPATION			KIND OF BUSINESS OR INDUSTRY			YRS IN OCCUPATION	
USUAL RESIDENCE	DECEDENT'S RESIDENCE (Street & Number or Location Including Unit or Apt. No.)						RESIDENCE PHONE	
	CITY		COUNTY		ZIP CODE	COUNTY OF RES-YRS	STATE OR FOREIGN COUNTRY	
INFORMANT (LEGAL SIGNER)	INFORMANT'S FIRST NAME (LEGAL SIGNOR)		LAST NAME		RELATIONSHIP		INFORMANT'S PHONE	
	INFORMANT'S MAILING ADDRESS		CITY		STATE	ZIP CODE	LEGAL AUTHORIZATION(S) (OTHER-ADD TO "COMMENTS") <input type="checkbox"/> Advance Heath Care Directive <input type="checkbox"/> Durable POA	
SPOUSE & PARENT INFORMATION	FIRST NAME OF SURVIVING SPOUSE		MIDDLE NAME		LAST NAME (Maiden)		LAST NAME (Married)	
	FATHER-FIRST NAME		MIDDLE NAME		LAST NAME		BIRTHPLACE	
	MOTHER-FIRST NAME		MIDDLE NAME		LAST (Maiden) NAME		BIRTHPLACE	
FUNERAL DIRECTOR LOCAL REGISTRAR	DISPOSITION DATE		PLACE OF FINAL DISPOSITION (Name of Cemetery or Other Location-In Full with Address, City, State and Zip Code)					
	TYPE OF DISPOSITION		COUNTY OF DISPOSITION		OFFICE		CITY OF BIRTH	
	NAME OF FUNERAL ESTABLISHMENT				LICENSE		NOTES	
PLACE OF DEATH	PLACE OF DEATH				IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HSPC <input type="checkbox"/> NH/LTC <input type="checkbox"/> RES <input type="checkbox"/> OTHER	
	COUNTY		FACILITY ADDRESS OR LOCATION (Street and Number or Location)				CITY	
MED	ATTENDING PHYSICIAN		CERTIFIER ADDRESS			CITY		LICENSE
	NAME 1 (IF APPLICABLE)		RELATIONSHIP		PHONE	ADDRESS		
OTHER RESPONSIBLES	NAME 2 (IF APPLICABLE)		RELATIONSHIP		PHONE	ADDRESS		
	ARRANGER		LIC. NUMBER	COMMENTS				

APPROVED: The above information is true and correct to the best of my knowledge and funeral home is hereby authorized to use this information in the preparation of the death certificate and all other necessary documents and forms.



Signed _____

at (City) _____

Date _____

Yost & Webb Funeral Home

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AUTHORIZATION TO RELEASE HUMAN REMAINS

TO _____

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE REMAINS OF:

Name: _____

To: _____, including its agents.

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above named decedent.

The undersigned further represents that they have the legal right to make this authorization.



_____	_____	_____	_____
Signed	Relationship	Date	
_____	_____	_____	_____
Address	City	State	Telephone
_____	_____	_____	_____

IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED ORALLY (BY TELEPHONE) COMPLETE THE FOLLOWING:

Name _____ Relationship _____

City _____ State _____ Zip _____ Phone () _____

Date & Time authorization granted _____ at _____ AM PM

Signature of person accepting this authorization _____

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _____
(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:

Yost & Webb Funeral Home, 1002 T Street, Fresno, California 93721
(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)

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Disclosure of Preneed Funeral Agreement

The funeral establishment, _____

(funeral establishment name)

License Number _____, **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 on 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 (916) 574-7870 General Fax (916) 574-8620



Signature of the Survivor or responsible party

Date

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 for the date the disclosure statement was made, whichever comes first.

Disclosure of Preneed Funeral Agreement

The funeral establishment, _____

(funeral establishment name)

License Number _____, **DOES** _____, **DOES NOT** _____, (check one) have a preneed arrangement, as defined below, made by or on behalf of _____

(name of decedent)

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FAMILY COPY

Yost & Webb Funeral Home





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DECLARATION FOR DISPOSITION OF CREMATED REMAINS


I/We hereby declare (my remains) or (the remains of) _____
Name of Person arrangements are for
in the possession of _____, will be cremated by
California Crematory – 559-237-4147 _____ and shall be disposed of in the following
Name of Crematory and Telephone Number
manner (Note 1): _____
Manner, Location and Other Details of Disposition

Attach additional pages if necessary

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

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
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. # FDR - _____ Date _____
Funeral Director, Employee or Agent for Funeral Establishment If a Funeral Director

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

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DECLARATION FOR DISPOSITION OF CREMATED REMAINS


I/We hereby declare (my remains) or (the remains of) _____
Name of Person arrangements are for
in the possession of _____, will be cremated by
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
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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

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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. # FDR - _____ Date _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

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FAMILY COPY

Case Number

California Crematory

Fresno, California - CR-310

Cremation Number

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned do hereby request and authorize *California Crematory*, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health & Safety Code, to cremate and process in a manner suitable for interment the remains of:

DECEDENT: _____

DECEDENTS LAST RESIDENCE: _____

NOTE: California Law: *California Health & Safety Code Section 7100 & Section 7110 states: "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damages occasioned by or resulting from the breach of such warranty."*

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that:

(Initial All Applicable Lines)

_____ I am making this Authorization for **Myself**.

_____ I am the **Agent under an Advance Health Care Directive or Durable Power of Attorney for Health Care** or **(Attach a Copy)**.

_____ I am the **Surviving Spouse** of the Decedent _____ I am the **Registered Domestic Partner** of the Decedent

_____ I (We) am (are) a **Majority of the Surviving Children** # _____ Number of Children **(Required)**

_____ I (We) am (are) the **Surviving Parent(s)** # _____ Number of Parents **(Required)**

_____ I (We) am (are) a **Majority of the Surviving Sister(s) & Brother(s)** # _____ Number of Siblings **(Required)**

_____ Other (Name & Relationship) _____

1. Cremation Container: The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid, combustible cremation container or casket. I (We) authorize the Crematory to remove and dispose of handles, ornaments and/or other non-combustible parts of the cremation container or casket.

2. Mechanical or Radioactive Devices: Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device. I (We) certify that the remains of the Decedent:

(All Initial) **DOES** _____ or **DOES NOT** _____ contain a mechanical or radioactive device. If the decedent's remains do contain such a device, I (We) authorize the Crematory/Funeral Home to arrange for the removal of the device prior to the cremation. I (We) authorize the Crematory or its agent to lawfully dispose of any such device unless other Instructions are given here. List all implanted mechanical or radioactive devices below.

(NOTE: PACEMEKERS MAY ONLY BE RETURNED TO THE MANUFACTURER)

List: _____

3. Indemnification & Hold Harmless: I (We) agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my (our) failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

(All Initial) _____

4. Mementos, Jewelry, Dental Gold/Silver & any other Foreign Materials: Items such as personal mementos, jewelry, dental gold and silver, prostheses and any other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I (We) authorize the Crematory to dispose of them.

5. The Cremation Process. I (We) acknowledge the following: That the human body burns with the casket or container and any other material in the cremation chamber; that some bone fragments are not combustible at the incineration temperature and as a result, remain in the cremation chamber; that during the cremation process, the contents of the chamber may be moved to facilitate incineration; that the cremation chamber is composed of ceramic or other material, which disintegrates slightly during each cremation and that the product of that disintegration is inadvertently commingled with the cremated remains; that 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 are crushed, pulverized or ground to facilitate interment or scattering; and that some of that 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.

6. Time of Cremation: The cremation will take place after all required permits are obtained, this form completed and signed and Authorization to cremate is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9) and at its discretion without obtaining any further authorization or instruction unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed. The normal cremation process may take a minimum of 8 working days to a possible 18 days.

7. Viewing of Remains/Witnessed Cremation: Minimal preparation is required for viewing and additional fees will apply.

I (We) Desire to arrange for a **Viewing of Decedent** **(All Initial)** YES NO _____

I (We) Desire to arrange for a **Witnessed Cremation** **(All Initial)** YES NO _____

8. Weight Limits - Decedent's Weight _____ lbs. The fee for cremation is based on body weight of **250 lbs. or less** and I (We) understand there will be an additional fee for a cremation exceeding this amount.

I (We) certify the Decedent's weight is under 250 lbs **(All Initial)** YES NO _____

9. Disposition: I (We) authorize the Crematory to release the cremated remains back to the Funeral Home and authorize them to take the action I (we) have indicated below with respect to the disposition of the cremated remains of the Decedent:

Urn / Container Description: _____
(Describe Urn Fully or Indicate Temporary Plastic Container)

Release Cremated Remains to: _____
(Full Name of the Authorized Receiver(s) & Telephone Number)

Deliver Cremated Remains to Cemetery: _____
(Full Name, Address, City, State, Zip Code & Telephone Number)

NOTE: I (We) understand that if the cremated remains are not picked up within twenty (20) days after the cremation, the Funeral Home may either scatter the cremated remains at sea or deliver the cremated remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.

Mail Cremated Remains to: _____
(Full Name of Recipient or Company, Address, City State & Zip Code)

NOTE: Remains shall be mailed via **U.S. Postal Service, PRIORITY MAIL EXPRESS.** I (We) understand that the Funeral Home is acting solely as my (our) agent in the mailing of the cremated remains, and I (we) agree that the Funeral Home shall not be liable if the cremated remains and/or the urn or container are lost or damaged while in the custody of the **U.S. Postal Service.**

Scattering: Scatter at sea in the **Pacific Ocean - (All Initial) - if Applicable** _____

Scattering: Scatter in the **California Sierra Mountains - (All Initial) - if Applicable** _____



NOTE: I (We) understand that the Funeral Home is acting solely as my (our) agent which is an accommodation to me (us) in arranging for the scattering of the remains. I (We) agree that the Funeral Home shall not be liable for any failure by the providers of the above selected services.

10. Special Instructions. Indicate any special instructions below: *(Including a Request to Witness the Cremation)*

Obligation of Crematory: Limitation on Damages: The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I (We) agree to release and hold the Crematory, its affiliated companies, their employees and agents harmless from any and all loss, damages, liability or causes of action including attorneys' fees and costs of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

Signature(s) The following person(s) authorize the cremation and disposition of the Decedent named above and hereby agree that a facsimile copy of this Authorization for Cremation & Disposition shall be as valid as the original.

(Check Here) - if Applicable **Advance Heath Care Directive** or a **Durable POA.**

1		Date	Signature	Print Name	Relationship
		Full Address			Phone Number
2		Date	Signature	Print Name	Relationship
		Full Address			Phone Number
3		Date	Signature	Print Name	Relationship
		Full Address			Phone Number
4		Date	Signature	Print Name	Relationship
		Full Address			Phone Number
5		Date	Signature	Print Name	Relationship
		Full Address			Phone Number
6		Date	Signature	Print Name	Relationship
		Full Address			Phone Number

Accepted By: _____
Counselor Signature Date