

FUNERAL AND CREMATION SERVICE OF ORANGE COUNTY

Phone: 714-399-5180 Fax: 714-639- 8862
Address: 351 N. Hewes St, Suite A., Orange, CA. 92869

AUTHORIZATION FORMS

Your Name: _____ Telephone: _____ Email: _____
Deceased: _____ Currently Located at: _____
Relationship to Deceased: _____

Please check (x) one of the following: · A Death Has Occurred · A Death is Imminent (will happen soon)

These forms are required by the State of California to authorize cremation or burial. Each forms purpose is described below for your information. Check the forms over thoroughly, sign, initial or otherwise complete. Please use an X to check a box. ***Please fill out what you can to start with, and then call us to go through it with you.***

Pages 2-4 - AUTHORIZATION FOR CREMATION & DISPOSITION

This form authorizes us to handle the cremation of the deceased. We cannot proceed with services without this form. It declares that you have the legal right to authorize us to perform cremation services. It is important that we know whether or not a pacemaker or other device is present in the body as it must be removed prior to the cremation. This form also specifies the type of Urn to be used, who we will release the remains to, and any special instructions for the cremation.

Page 5 - AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

Embalming is not required for cremation or for burial. This form serves as written confirmation of the legal next of kin's desires regarding embalming. It lets us know whether or not the body will be embalmed. One option is that you can have an embalming and viewing, and then have a cremation instead of a burial. Because that is an option, we must know whether or not you desire embalming.

Page 6 - DECLARATION FOR DISPOSITION OF CREMATED REMAINS

This page describes the details of final disposition of the cremated remains (residence, cemetery, county of sea scattering). It informs us (and the state) how the remains will be handled.

Page 7- FTC DISCLOSURE/DISCLAIMER FORM

This form is required by the federal trade commission. It confirms that we complied with the laws.

AUTHORIZATION FOR CREMATION & DISPOSITION

DECEDENT: _____ SEX OF DECEDENT: _____

(In this document the word "I" shall refer to all persons authorizing the cremation and disposition of the decedent.)

I authorize **Funeral & Cremation Service of Orange County (FD 1567)** to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. We reserve the right to choose which Crematory that will be used.

[NOTE: California law provides "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 damage 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 on all applicable lines):

- _____ I am making this authorization for myself. **INITIAL**
- _____ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).
- _____ I am the surviving spouse of the decedent.
I am the surviving California Registered Domestic Partner of the decedent.
- _____ I am (We are) the surviving child (children- all or majority).
_____ number of children. There being no surviving spouse/domestic partner.
- _____ I am (We are) the surviving parent (parents).
_____ number of parents. There being no surviving spouse/domestic partner or children.
- _____ I am (We are) all or a majority of the surviving sister(s) and brother(s).
_____ number of sisters and brothers. There being no surviving spouse/domestic partner, children, or parents.
- _____ I am (We are) all or a majority of the surviving niece(s) and nephew(s).
_____ number of nieces and nephews. There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- _____ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.
- _____ I certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.

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 authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.

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 certify that the remains of the Decedent **DO** _____ **DO NOT** _____ contain a mechanical or radioactive device.
(Place initials next to correct statement) **INITIAL**

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here: _____

I 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 failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent. **INITIAL:** _____ **INITIAL**

3. Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, jewelry, dental gold and silver, prostheses and 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 authorize the Crematory to dispose of them.

4. **The Cremation Process.** I acknowledge the following: 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 amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment 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.

5. **Time of Cremation.** The cremation will take place after all required permits are obtained, this completed and signed Authorization 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 authorizations or instructions, 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.

6. **Viewing of Remains.** In order to view the remains of the deceased, minimal preparation and charges apply in order to do so.

I WOULD like to make arrangements to view the deceased's remains _____ initials **INITIAL**

I DECLINE to make arrangements to view the deceased's remains _____ initials

7. **Weight Limits.** Due to limitations on the cremation chamber, the Crematory can not cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs, another crematory will be used, and additional charges will apply.

I certify that the Decedent is under 250 lbs. **YES** _____ **NO** _____ (Note: An additional charge will apply)
(Place initials next to correct statement) **INITIAL**

8. **Disposition.** I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent. For your convenience, we offer a minimum fiberboard urn to hold the cremated remains.

If you prefer you may supply your own urn or other container. Please note, however, that any container you provide should be durable and both leak- and break-resistant.

Urn / Container Description for cremated remains: _____

(Please fill in correct statement) **FILL**

Deliver the remains to the following cemetery: _____
(Name, Address, and Telephone Number)

Release the remains to: _____
(Name & Telephone Number)

[NOTE: I understand that if the 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 in a manner which may make the remains non-recoverable.]

Mail the remains to _____
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

_____ Scatter at sea in Pacific Ocean, non-witnessed, non-recoverable off coast of Orange County, by Funeral Home.
INITIAL (Initials required only if this option was selected)

[NOTE: I understand that the Funeral Home is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Home shall not be liable for any failure by the service named above to properly scatter the remains.]

9. **Special Instructions.** Indicate special instructions below, including request to witness the cremation:

10. 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 agree to release and hold the Crematory, its affiliated companies and 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.

SIGNATURES:

The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

WITNESS:

IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF **FUNERAL & CREMATION SERVICE OF ORANGE COUNTY**, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Date Signature **SIGN** Print Name Relationship to Decd.
Address: _____ Phone _____

Name of Referring Mortuary: _____

Arrangement Counselor Signature: _____

For more information on Funeral, Cemetery, and Cremation matters contact:
State of California Department of Consumer Affairs / Cemetery and Funeral Bureau
1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

To: Funeral & Cremation Service of Orange County FD#1567
351 N. Hewes St. Suite A, Orange, CA 92869

RE: _____ (Decedent) I, _____

do ___ do not ___ (check one) request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

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

then returned for funeral services. I understand I may be charged an additional fee for transport.

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

Signed: _____, Relationship _____

Executed this ___ day of _____, at City _____, State _____.

Signature of mortuary representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, _____

(s) _____

(s)

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

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

Name of Person arrangements are for

Name of Funeral Establishment and Telephone Number

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 _____

Person(s) with legal right to control disposition to Self, if pre-arranging

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

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

Signed _____

Person(s) contracting for cremation services

Date _____

Signed _____ Lic. # _____

Funeral Director, Employee, or Agent for Funeral Establishment

If a Funeral Director

Date _____

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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Address: 351 N. Hewes St, Suite A., Orange, CA. 92869

Name of Deceased: _____ Date: _____

FTC DISCLOSURE/DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practices Rule requires certain disclosures and prohibits misrepresentations. This Disclosure/Disclaimer form is a check list we ask those we service to read and sign during the funeral arrangements. The purchaser hereby confirms that our firm complied with the following:

1. **Purchaser received 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 funeral home.
2. **Purchaser was advised that State law does not require embalming** except in certain special cases. If embalming was provided for a fee, it was done with purchaser's approval or the permission of someone authorized to give approval. Purchaser was not told 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.
3. **A prepaid benefits contract** for the deceased, if provided, was applicable to the funeral or cremation service provided.
4. **Applicable to Burial or Cremation:** Purchaser was advised that many cemeteries require an outer burial container so that the grave will not sink in, and that either a grave liner or a burial vault will satisfy these requirements. Purchaser was not told 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. Purchaser was not told that state or local law requires the purchase of an outer burial container.
5. **Applicable Only to Burial:** Purchaser was provided a printed Casket Price List prior to discussing prices or before being shown caskets.
6. **Applicable Only to Burial:** Purchaser was provided a printed Outer Burial Container Price List prior to discussing prices or before being shown outer burial containers.
7. **Applicable Only to Merchandise:** Purchaser was not told that any funeral goods or funeral services offered by funeral home 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.
8. **Applicable Only to Merchandise:** 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 funeral home to purchaser with respect to those funeral goods.
9. **Valuables placed with the body:** Purchaser was told that anything of sentimental or monetary value placed on the body or in the casket would receive special care, but that the funeral home or mortuary accepts no responsibility for such items.
10. **Estimated costs:** 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 us for the difference will be made.
11. **Casket or Urn provided by family:** Purchaser understands if they provided alternative container for burial or cremation, the mortuary is relieved of any liability in the event such container is found not to be of adequate strength or structural quality for intended use.

Signature of Purchaser: _____ Printed Name: _____

Purchaser's Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email Address: _____