

## 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

### VITAL INFORMATION AND RELEASE FORMS

Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Deceased: \_\_\_\_\_ Currently Located at: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

1. Please check (x) one of the following: · A Death Has Occurred · Planning for future
2. Are you the right person to authorize cremation? **Check only One**
  - Making arrangements for Myself
  - Agent or Durable Power of Attorney
  - Spouse
  - Majority of surviving Children
  - Surviving Parents
  - Majority of surviving Brothers and Sisters
  - Majority of surviving Nieces and Nephews
  - Majority of surviving Next of Kin
  - None of these but have the legal right to authorize

Note: If there is a surviving member above you in this list, they are the person who can legally authorize cremation.

**These forms in this packet are required by the State of California** to provide information and 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.***

#### Page 2 - DISCLOSURE OF PRENEED FUNERAL AGREEMENT

*This form indicates an existence or absence of a pre-arrangement with us or a different funeral home. If the deceased has made a pre-arrangement we will honor it. If payment has been made in advance, we will follow the instructions in the pre-arrangement and inform you of any charges that fall outside of the pre-arrangement.*

#### Page 3 - VITAL INFORMATION FORM

*The information provided on this form is required to complete the non-medical portion of the official Death Certificate. This information needs to be as accurate as possible, it will be in the public records. We understand that this information can seem very private. Rest assured that we only ask the information that is required by the state for the death certificate.*

#### Page 4 - HOSPITAL RELEASE

*If the deceased is located at a hospital, this form is required and presented to the hospital in order to bring the deceased to our care facility. If the deceased is at a Coroner/Medical Examiner then the Coroner form is used instead.*

#### Page 5 - COUNTY CORONER RELEASE FORM

*If the deceased is at a Coroner/Medical Examiner, this authorizes the Coroner to release the deceased to our care facility.*

Price list Effective March 1, 2011

## DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, \_\_\_\_\_,  
(funeral establishment name)  
license number FD \_\_\_\_\_, **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

\_\_\_\_\_  
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.

## VITAL INFORMATION FORM (REQUIRED FOR NON MEDICAL PORTION OF DEATH CERTIFICATE)

Funeral & Cremation Service of Orange County (FD 1567), 351 N. Hewes St, Suite A., Orange, CA. 92869

**PLEASE TYPE OR PRINT CLEARLY AND USE AN 'X' TO CHECK A BOX. FAX THESE FORMS TO 714-639-8826 OR SUBMIT THEM ONLINE.**

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 (NO DEGREE) <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 PROFFESIONAL (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 <b>DO NOT USED RETIRED OR UNEMPLOYED</b>		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		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 SURVING SPOUSE/SRDP-FIRST		31. MIDDLE		32. LAST <b>(MAIDEN NAME)</b>	
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 <b>(MAIDEN NAME)</b>		40. BIRTH STATE
41. FINAL DISPOSITION (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER					
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 SCATTERS IN.					

I have read the above information, and state that it is true & correct, and release **FUNERAL & CREMATION SERVICE OF ORANGE COUNTY** from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGN**

# FUNERAL AND CREMATION SERVICE OF ORANGE COUNTY

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

## HOSPITAL RELEASE FORM

Name of  
Decedent: \_\_\_\_\_

Location of  
Decedent: \_\_\_\_\_

Name of  
Claimant: \_\_\_\_\_

Address of  
Claimant: \_\_\_\_\_

\_\_\_\_\_ Phone no.: \_\_\_\_\_

I claim the right to control the disposition of the decedent's bodily remains.

I am not aware of any person who objects 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 under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

**SIGN**

\_\_\_\_\_  
Date

**DATE**

1. Name of decedent (First/Given)	2. Middle	3. Last (Family)
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NOTE: PRINT OR TYPE, DO NOT WRITE, THE NAME AS IT WILL APPEAR ON THE DEATH CERTIFICATE

**NEXT OF KIN**

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the said decedent, please release the body of the above decedent to the custody of:

NAME OF MORTUARY (as listed in EDRS):		
NEXT OF KIN SIGNATURE:		
PRINT FULL NAME OF NEXT OF KIN:	RELATIONSHIP:	
PRINT FULL ADDRESS OF RESPONSIBLE PARTY BELOW:		TELEPHONE: (    )
Address:	City:	State/Zip

NEXT OF KIN (if not next of kin) SIGNATURE:		
PRINT FULL NAME OF NEXT OF KIN:		
PRINT FULL NAME OF NEXT OF KIN:	RELATIONSHIP:	
PRINT FULL ADDRESS OF RESPONSIBLE PARTY BELOW:		TELEPHONE: (    )
Address:	City:	State/Zip
Reason for handling if not next of kin:		

**CORONER'S FEE**

**Attach Check Here**

The fee of \$318.00 is assessed to recover the cost of transportation and storage of human remains incurred by the Orange County Coroner's Office. This fee was adopted by the Orange County Board of Supervisors on August 8, 2006 per Ordinance #06-007, and authorized by Government Code Sections 27472 and 54985. Remittance is expected upon release of the decedent to the funeral home. **Attach a personal check from the family or funeral home to this form.**

NEXT OF KIN INITIALS \_\_\_\_\_  DATE FEE PAID-RECEIVED BY \_\_\_\_\_

NO FEE RECEIVED-REASON FOR FEE EXEMPTION:

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACTIVE MILITARY
<input type="checkbox"/> AGE 14 AND UNDER	<input type="checkbox"/> STATE HOSPITAL
<input type="checkbox"/> BROUGHT IN BY MORTUARY	
<input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____	

**PROPERTY RELEASE**

I certify that pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to take custody of personal property of the above decedent. Therefore, upon completion of your investigation of the death of the said decedent, please release the personal property of the decedent to the custody of:

SIGNED:	RELATIONSHIP:
Address:	City: State/Zip

**FUNERAL DIRECTOR/DISPOSITION SERVICE**

Acting as a representative of the firm of \_\_\_\_\_  
I state that I am entitled to the custody of the remains of the named decedent by the authority of:

- Telegraphic authorization by proper next of kin (Copy attached)
- By direction of the Public Administrator (Name: \_\_\_\_\_ )
- Pre-need arrangement (Copy attached)
- Other reason \_\_\_\_\_

