

CERTIFICATE OF DEATH

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/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
	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 (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see 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, road 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				
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST		
					34. BIRTH STATE		
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)		
				38. BIRTH STATE			
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION					
41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY						EMBALMING REQUESTED	
CREMATION IN CALIFORNIA		BURIAL IN CALIFORNIA		BURIAL OUTSIDE OF CALIFORNIA		YES NO	
RETAIN AT RESIDENCE IN CALIFORNIA		CREMATION OUTSIDE OF CALIFORNIA		SCATTERING AT SEA			
RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		TRANSIT TO OUTSIDE OF CALIFORNIA		SCIENTIFIC USE			
OTHER _____							
PLACE OF DEATH	101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY	
	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER _____						

Decedent's City of Birth _____ Number of Certified Death Certificates requested _____

Informant's Information

Informant's Phone Number _____ Alternate number _____

Email address _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Decedent's Spouse Information

Decedent's Spouse Living ____ Deceased ____ Name _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Date of Death _____

Date of Marriage _____ Place of Marriage _____

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X _____ Date of signature _____



**M i d g l e y
Gardenside Mortuary**

Gentle Guidance Through The Storm
FD-1557

Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to **Midgley – Gardenside Mortuary**. I am the nearest next of kin to the decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, including Gardenside Funeral Service, Inc., Midgley – Gardenside Mortuary, its agents, employees and representatives, the care facility, its agents, employees and representatives, and all other parties, of any and all liability.

This release also pertains to any personal belongings of the decedent.

X _____
Signature of Next of Kin/Representative

Printed Name of Next of Kin/Representative

Address

City State Zip

Phone Number

Email address, if available

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

13450 Paramount Blvd.
South Gate, CA 90280-8251
Phones: (562) 630-3886
(800) 795-0028
Faxes: (562) 633-4745
(800) 422-6756
www.midgleymortuary.com
midgleymortuary@yahoo.com



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.

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:

(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)

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

**ROOSEVELT MEMORIAL PARK ASSOCIATION
CREMATION AUTHORIZATION AND DISPOSITION**

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Section 7100, Health and Safety Code).

The undersigned requests and authorizes Roosevelt Memorial Park Association, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health and Safety Code, to cremate and process in a manner suitable for interment the remains of:

_____ Gender: _____

Address of Deceased: _____

Delivered in a _____ container.

I/We represent and warrant to you that I/We are the person(s) having the right to control the disposition of remains of the decedent.

I/We have the right because I/We am/are: (Initial one)

- _____ Self
- _____ The _____ (state relationship) of decedent
- _____ Number of Children
- _____ Acting as the agent of _____ (state name of next of kin)
- _____ Funeral Director/Cemetery Authority

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. Further, I 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 and Safety Code."

I do hereby give this explicit authorization to Roosevelt Memorial Park Crematory (the "Crematory") to provide the following services, to wit I agree to pay the usual and customary fees.

- _____ 1) I/We hereby acknowledge that I/We are responsible for the removal of any jewelry or mementos from the deceased before cremation.
- _____ 2) I/We understand that items such as personal mementos, jewelry, dental appliances or dental gold/silver, metal prosthesis or implants, hinges, latches, nails, screws, staples, plates and any other foreign material placed in the cremation container with the Decedent and cremated will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. All proceeds from recycling are donated to a local charitable organization.
- _____ 3) The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container and which is labeled with the identity of the decedent. (Section 7006.5, Health and Safety Code.) I authorize the Crematory to remove and dispose of handles, ornaments and all other non-combustible material of the cremation container.

IMPLANTS, MECHANICAL & RADIOACTIVE DEVICES, DANGEROUS ARTIFACTS:

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

- _____ 4) I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal and disposal prior to delivery to the Crematory
- _____ 5) I certify that the container of the Decedent does not contain any bullets, bottles, cans or other dangerous artifacts.

I/We further acknowledge that "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 inurnment 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." (Section 7054.7 of the California Health and Safety Code)

_____ I acknowledge my understanding that this is page 1 of a 2 page cremation authorization

I acknowledge my understanding that this is page 2 of a 2 page cremation authorization

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

6) Release the remains to: _____
For the following disposition: _____
Place cremated remains in a _____ urn.

I/We warrant that all statements and representations are true and correct and that I/We have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/We assume full responsibility for their identity whether or not I/We viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within ninety (90) days of the date of death, they shall be considered abandoned by me. Roosevelt Memorial Park Association is authorized to dispose of them in any legal manner. I/We hereby agree to indemnify, release and hold Roosevelt Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees and assigns harmless from any and all loss, damages, liability or causes of action (including) attorney's fees and expenses of litigation) in connection and disposition of the cremated remains of the deceased. I understand that Roosevelt Memorial Park Association cremations services responsibilities are limited to the performance of the cremation of the deceased, herein named.

"FOR MORE INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT THE DEPARTMENT OF CONSUMER AFFAIRS, 1625 NORTH MARKET BLVD., SUITE S-208, SACRAMENTO, CA 95834 (916) 574-7870"

Date
FUNERAL DIRECTOR

Signature

Relationship

Address

Phone

City and State
I.D. NUMBER _____

Signature of Director in Charge

CREMATORY LICENSE NUMBER 172

CREMATION NO: _____

TOTAL CHARGES DUE: \$ _____

RETURN WHITE AND YELLOW COPY TO THE CEMETERY

DATE _____

DECLARATION OF INTENT
REGARDING PRENEED FUNERAL ARRANGEMENTS

To my survivors:

According to California Health and Safety Code Section 7100.1 (*see below*), the directions set forth in the accompanying Preneed Funeral Arrangements must be faithfully carried out upon my death, unless I authorize them to be changed.

Therefore, I hereby declare:

(Initial only one)

_____ The accompanying Preneed Funeral Arrangements may **not** be altered, changed or otherwise amended in any material way.

_____ The accompanying Preneed Funeral Arrangements **may** be altered, changed, or amended only in the following respects:

Signed: _____ Date: _____

Witness: _____ Relation: _____

□□□□□□□□□□

“A decedent, prior to death, may direct, in writing, the disposition of his or her remains and specify funeral goods and services to be provided. Unless there is a statement to the contrary that is signed and dated by the decedent, the directions may not be altered, changed, or otherwise amended in any material way, except as may be required by law, and shall be faithfully carried out upon his or her death, provided both of the following requirements are met: (1) the directions set forth clearly and completely the final wishes of the decedent in sufficient detail so as to preclude any material ambiguity with regard to the instructions; and, (2) arrangements for payment through trusts, insurance, commitments by others, or any other effective and binding means, have been made, so as to preclude the payment of any funds by the survivor or survivors of the deceased that might otherwise retain the right to control the disposition.”
California Health and Safety Code, Sec. 7100.1(a), as amended January 1, 1999.



**STATEMENT OF FUNERAL
GOODS AND SERVICES
SELECTED**

13450 Paramount Blvd.
South Gate, CA 90280-8251
T: (562)630-3886
F: (562)633-4745
midgleymortuary@aol.com
FD-1557

Funeral Service for _____ Date of Death _____ Date of Arrangement _____

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral service with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve is you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Traditional Funeral Service package

Graveside Funeral Service package

Full Funeral Cremation package

Immediate Burial

Direct Cremation

Forwarding Remains

Receiving Remains

**A. SERVICES, STAFF, FACILITIES, EQUIPMENT
AND MOTOR EQUIPMENT**

Basic Services of the Funeral Director and Staff _____
 Embalming or Refrigeration _____
 Other Preparations of the Remains _____
 Transfer of Remains to Mortuary _____
 Visitation at our facility _____
 Evening Service at another facility _____
 Funeral Service at another facility _____
 Graveside Service _____
 Funeral Coach/Hearse _____
 Family Limousine(s) _____ @ _____
 Flower/Utility Vehicle _____ @ _____

TOTAL SERVICES SELECTED

B. MERCHANDISE

Casket _____
 Vault _____
 Urn _____
 Marker _____
 Acknowledgment Cards _____ @ _____
 Memorial Register Book _____ @ _____
 Memorial Cards _____ @ _____
 Everlasting Obituary _____
 Pallbearer Gloves (pair) _____ @ _____
 Crucifix _____ @ _____
 Air Tray/Combo Unit _____
 Ziegler/Wooden Box _____

TOTAL MERCHANDISE

**If any law, cemetery or crematory regulations have required the purchase
Of any items listed above, the law or requirement is explained below:**

Reason for embalming:

Notes:

NOTICE REGARDING CREMATED REMAINS: A person having the right to control disposition of cremated Remains may remove the Remains in a 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.

C. CASH ADVANCES

Death Certificates _____ @ _____
 Permits _____ @ _____
 Clergy Honoraria _____ @ _____
 Musical Honoraria _____ @ _____
 Air or other Transportation fees _____
 Mailing fees _____
 Other Mortuary assistance/Chapel rental _____
 Newspaper Notice _____
 Motor Escorts _____ @ _____
 Flowers _____
 Coroner Fees _____
 Cemetery/Crematory/Scattering fees _____
 Los Angeles County Filing fee _____

TOTAL CASH ADVANCES

SUMMARY OF ACCOUNT

A. Charges for Services _____
B. Charges for Merchandise _____
C. Charges for Cash Advances _____
D. Sales Tax, if applicable _____
E. TOTAL CHARGES ON ACCT _____

ITEMS ADDED LATER

TOTAL ITEMS ADDED LATER

ADJUSTED BALANCE

LESS: PAYMENTS/CREDITS

TOTAL CREDIT ON ACCOUNT

BALANCE DUE ON ACCOUNT

**For more information of Funeral, Cemetery and Cremation
Matters, contact: Department of Consumer Affairs, Cemetery
and Funeral Bureau, 1625 North Market Blvd., Suite S-208,
Sacramento, CA 95834 (916) 574-7870**



Midgley
Gardenside Mortuary

DISCLOSURE-DISCLAIMER

13450 Paramount Blvd.
South Gate, CA 90280-8251
T: (562)630-3886
F: (562)633-4745
midgleymortuary@aol.com
FD-1557

The Federal Trade Commission's "Funeral Industry Practice Rule" and the Department of Consumer Affairs, Cemetery and Funeral Bureau of the State of California require certain disclosures and prohibit misrepresentations. This Disclosure - Disclaimer form is a checklist we ask those we serve to read and sign, if, during the funeral arrangements, our firm complied with the following regulations.

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

- 1) The undersigned received a General Price List effective _____ prior to discussing prices, services or merchandise.
- 2) The undersigned received a Casket Price List effective _____ prior to viewing or discussing prices or caskets.
- 3) The undersigned received a Outer Burial Price List effective _____ prior to viewing or discussing prices of outer burial containers.
- 4) The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases.
- 5) The undersigned were not told that any law requires embalming for direct cremations, immediate burials or if refrigeration is available and the funeral is without viewing or visitation.
- 6) The undersigned were informed that the law does not require a casket for direct cremation.
- 7) The undersigned were informed that the law does not require the purchase of an outer burial container.
- 8) The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.
- 9) The undersigned hereby acknowledge that a copy of the Department of Consumer Affairs guide entitled "Consumer Guide to Cemetery and Funeral Purchases" was provided for retention prior to the drafting of this contract.
- 10) The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, extended by the manufacturer of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.
- 11) The undersigned were told that the survivor of the deceased who is handling the funeral arrangements, or the responsible party, is entitled to receive, prior to the drafting of any contract, a copy of any agreement that has been signed and paid for, in full or in part, by or on behalf of the deceased, and that is in the possession of the funeral establishment.
- 12) The undersigned acknowledges receipt of the Disclosure of Preeed Funeral Arrangement form, the Declaration for Disposition of Cremated Remains (when cremation has been selected) and a complete (3 pages) Statement of Funeral Goods and Services Selected.
- 13) **The charges shown on page 1, represent a CASH TRANSACTION. You understand that no extension of credit by us, subject to federal or state credit disclosure, installment sales, or other consumer credit statues, is contemplated by this agreement. You have no right to defer payment of any amount due under this Agreement. You agree that you are personally liable for payment of the applicable balance due shown on the Statement of Funeral Goods and Services Selected no later than 24 hours prior to the first service that takes place. The undersigned agrees to pay the balance due on this account, plus the agreed value of such additional services, materials and cash advances as may be furnished by Midgley-Gardenside Mortuary. A late penalty of 1.25% per month (15% per year) will be assessed on the unpaid balance for materials, services and cash advances.**

The signatures below hereby agree to, accept and guarantee all charges and arrangements listed on page 1 of this two-page document.

Entered into, this _____ day of _____, 20____, at _____, _____.

Person(s) making final arrangements and accepting financial responsibility:

Witnessed by:

X _____
Signature of Purchaser Relationship _____

Funeral Director/Funeral Firm Provider

Printed Name Phone No. _____

FDR-_____
License Number Date of Signature _____

Address

City, State, Zip

**For more information about funerals, cemetery or crematory matters, contact:
The Department of Consumer Affairs,
Cemetery and Funeral Bureau, 1625 North
Market Blvd., Suite S-208, Sacramento,
California 95834 (916) 574-7870**

X _____
Signature of Co-Purchaser Printed Name _____