



(408) 998-4066
(831) 372-3536
Toll-Free (800) 816-5777
Fax (408) 287-8610
www.california-cremation.com
586 North First Street
Suite 107
San Jose, CA 95112

FAX Cover Sheet

DO NOT FAX/RETURN THIS PAPERWORK UNTIL YOU HAVE SPOKEN TO A CALIFORNIA CREMATION SOCIETY COUNSELOR.

Date: _____

RE: (name of deceased) _____

Currently Located At:

Note: This transmittal contains _____ pages, including the cover sheet (page 1).

PLEASE CONTACT US IMMEDIATELY IF ALL PAGES DO NOT COME THROUGH!

These forms are **REQUIRED** by the State of California to authorize cremation.

Each form's purpose is described on page 2.

Check the forms over thoroughly, then sign, initial, or otherwise complete the forms where indicated.

DO NOT FAX OR RETURN THIS PAPERWORK UNTIL YOU HAVE SPOKEN TO A CALIFORNIA CREMATION SOCIETY COUNSELOR.

Once you have completed our Forms Please Fax or e-mail back to :

California Cremation Society

586 North First Street Suite 107, San Jose, CA. 95112

PH : 1-(408) 998-4066

Fax: 1-(408) 287-8610

e-mail: calcremccs@gmail.com

Web: www.california-cremation.com

Entire process takes **7 to 10 BUSINESS DAYS** from the time we receive payment and full paperwork.



California Cremation Society

Cremation Check List - Instructions for completing the paperwork

Table of Contents

page 1 - Cover Fax Sheet

Before starting the paperwork be sure you have spoken to a Counselor at California Cremation Society at (800) 816-5777
When you have finished filling out and signing the documents fax them to 408-287-8610
or scan and e mail them to calcremccs@gmail.com

page 2 - Cremation Check List

This form provides instructions on how to fill out the necessary documents and provides a check list of where to sign

page 3 - Informant's name w/authorization to release

The legal next of kin is usually the Authorized Representative

Sign once

page 4 - Statistical Information sheet

This form is used to collect the required information to complete the non-medical portion of the official death certificate.

Sign once

page 5 - Authorization for Cremation and Disposition.

Tell us what you want to do with the ashes

Tell us if the decedent has a pacemaker

Initial twice

Sign once

page 6 - Declaration for Disposition of cremated remains

Tell us what to do with the ashes again (next to the asterisk *)

Sign twice

page 7 - Disclosure of Pre-need Funeral agreement

This is a State mandated document. The document discloses whether or not the decedent pre-paid for cremation services.

Sign once

Print name

page 8 - Authorization for Disposition with or without Embalming

This is a State mandated document. The document discloses that embalming is not necessary and you do not want embalming.

Sign once

page 9 - California Cremation Society's Statement of Goods & Services

This page outline the services and cost you can expect from California Cremation Society.

page 10 - California Cremation Society's Statement of Goods & Services Payment Voucher

Tell us how many death certificates you would like us to order.

Sign the credit card voucher

Also Include:

Copy of Durable Power of Attorney for Health Care. (if Applicable)

Copy of California Registered Domestic Partnership Certificate. (if Applicable)

Informant's Name W/ Authorization to Release

Please tell us your Relationship to the deceased person

- I am the agent under a durable power of attorney for health care.
- I am the surviving spouse of the deceased.
- I am the surviving California Registered Domestic Partner of the deceased.
- I am/we are the surviving child/children all or majority ____ number of children -
There being no surviving spouse/domestic partner or children.
- I am/we are the surviving parent(s) ____ number of parent(s) -
There being no surviving spouse/domestic partner, children or Parents.
- I am/we are all or the majority of the surviving Sister(s) or Brother(s) ____ number of Sister(s) or Brother(s) -
There being no surviving spouse/domestic partner, children, parent(s), sister(s) or brother(s).
- I am/we are all or the majority of the surviving next of kin of closest degree of deceased as defined in California Probate Code 6400 et seq.
and California Health and Safety Code 7100.

INFORMANT'S NAME AND ADDRESS

First Name _____ Last Name _____ MI _____

Address - Street & Number _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

AUTHORIZATION TO RELEASE

This is my authorization to release the remains of _____ to the
California Cremation Society.

Name: _____ Relationship _____

Address: _____

SIGN 

Signature _____ Date: _____

California Cremation Society

Statistical Information required for death certificate

Deceased First Name Middle Name Last name

(AKA- Also Known As) First Name Middle Name Last name

Sex _____, Race _____, Highest Degree of education _____

Birth date _____, Birthplace _____
(State or Foreign Country)

Social Security Number _____

Usual Residence _____
Street City State Zip

Years in County _____ County _____ Phone No. _____

Primary Occupation _____ Number of Years _____
(Before Retirement) (this Occupation)

Employer _____ Kind of Industry _____
(If Self employed, So State) (Or Business)

Married, Never married, Divorced, Widow, (Specify) _____

Name of Spouse _____
(If wife, give Maiden Name)

Father's Name _____ Birthplace _____
First Middle Last (State or Foreign Country)

Mother's Maiden Name _____ Birthplace _____
First Middle Maiden Last (State or Foreign Country)

If Veteran: Date of enlistment _____ Date of Discharge _____

Yes No Serial No: _____ Branch of Service _____

Person in charge of arrangements _____
First Middle Last

Relationship _____ Telephone Number _____

Address _____
Street City State Zip

Alternate in charge of arrangements _____
First Middle Last

Relationship _____ Telephone Number _____

Address _____
Street City State Zip

SIGN Signature _____ Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION CALIFORNIA CREMATION SOCIETY

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
CREMATION IS IRREVERIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

CONTRACT # _____ CREMATORY _____

NAME OF INDIVIDUAL _____

The undersigned [hereinafter referred to as the "Authorized Representative(s)"] I hereby certify that they are the legal custodian(s) of the herein named individual (hereinafter referred to as the "Individual"), having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the individual and hereby request and authorize, providers to take possession of and make arrangements for, the cremation, processing and disposition of the individual in accordance with and subject to: (a) the terms and conditions set forth in this authorization, (b) the Provider's rules and regulations and (c) any applicable state or local laws, rules or regulations.

DISPOSITION OF CREMATED REMAINS

The Authorized Representative(s) hereby authorize the provider to make disposition of the cremated remains of the individual as follows:

Sea Scatter By California Cremation Society

Sea Scatter By Family

Scatter at evergreen Cemetery

Release to family: _____

(Where remains are to be kept) Name _____ Address _____ City _____ State _____ Zip _____

Special Handling: _____

A. The Authorized Representative(s) certify and represent that the remains delivered for cremation are those of the individual and the Authorized Representative(s) further represent that they have the right to control the disposition of said remains.

B. The remains of this individual will not be accepted for cremation unless they are in a leakproof combustible container. Provider is authorized to remove and discard handles or any other attached to the cremation container which may cause damage to the cremation chamber. Remains received in caskets constructed of metal, fiberglass, or any other non combustible materials will be removed from such caskets prior to cremation. Provider shall make disposition of such caskets in keeping with provider's established practices.

C. The Authorized Representative(s) understand that due to the nature of the cremation process any valuable material including dental gold, will either be destroyed or not be recoverable. Accordingly, the Authorized Representative(s) represent and warrant to the Provider that all body prosthesis, dental bridgework, dental fillings, or personnel articles accompanying the remains (1) have been removed from the remains; (2) may be removed from the remains and disposed of by the Provider unless otherwise directed in writing by the Authorized Representative(s); or (3) may be destroyed by the cremation process.

D. Mechanical devices implanted in the individual may create a hazardous condition when placed in a cremation chamber. Provider will not, therefore, cremate any human remains which contain any type of implanted device.

Pacemaker Yes or No


THE AUTHORIZED REPRESENTATIVE(S) CERTIFY THAT THE REMAINS OF THE INDIVIDUAL ____ DO ____ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE. In the event the remains of the individual do contain such a device, the Authorized Representative(s) hereby authorize and instruct the Provider, its agents and employees, to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to the commencement of the cremation process. The Authorized Representative(s) also agree to indemnify the Provider, its affiliates, and their agents and employees, against loss from any and all claims, demands, or damages which may be made or declared against it or them by reason of the failure of the Authorized Representative(s) to timely disclose the existence of such implanted mechanical device(s). "Any change in status must be reported to the provider in writing and will be considered an addendum to this authorization to cremate"

The following list describes ALL existing devices (including all mechanical and prosthetic devices which may be implanted in or attached to the individual) to be removed from the remains of the individual and disposed of as instructed below:


Description _____ Disposition _____

Description _____ Disposition _____
If None, Type None

E. The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperatures 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 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. The Authorized Representative(s) hereby expressly acknowledge and authorize the incidental or inadvertent commingling of the cremated remains of the individual with other residual cremated remains remaining in the cremation chamber and/or other devices used to reduce the cremated remains.


INITIAL  _____
(initial)

F. The Authorized Representative(s) agree that if permanent arrangements for final disposition of the cremated remains are to be carried out by The Authorized Representative(s) or their duly authorized agent, and that such arrangements have not been completed within 120 days after the date of availability of such cremated remains for final disposition, the Provider shall give any written notice which is required by applicable state law. There after, the Provider is authorized and directed to dispose of the cremated remains in any manner it may deem suitable, either (1) 120 days after such written notification, if written notice is required, or (2) 120 days after the availability of such cremated remains for final disposition, if written notice is not required.

INITIAL  _____
(initial)

G. The obligation of the Provider shall be limited to the cremation of the remains of the individual and the disposition of the cremated remains as directed herein. The Authorized Representative(s) agrees to release and hold the Provider, its affiliates and their agents, employees and assigns, harmless from any and all loss, damage, liability or causes of action (including attorney fees and expense of litigation in connection with the cremation and disposition of the cremated remains if THE Authorized Representative(s) fails to properly identify the remains of the deceased individual prior to cremation, or subsequent to cremation, takes possession of the remains or makes permanent arrangements for the disposition of such remains. Provider's sole warranty is limited to providing the service that Provider has agreed to provide in accordance with the terms of the agreement in a manner that complies with industry standards, There are no other warranties, express or implied, and damages shall be limited to the refund of the cremation fee paid hereunder.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

SIGN  Signature of Authorized Representative(s) _____ Relationship _____

Street _____ City _____ State _____ Zip _____ Phone _____

Witness _____ Date _____

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

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

SIGN	Signed _____ <small>Person(s) with legal right to control disposition to Self, if pre-arranging</small>	Date _____
	Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____
	Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____
	Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____

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

SIGN	Signed _____ <small>Person(s) contracting for cremation services</small>	Date _____
	Signed _____ Lic. # _____ <small>Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director</small>	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

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

SIGN 

Signature of the survivor or responsible party

Date

Print 

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)

Payment Voucher

Obituaries:

You can e-mail obituaries directly to the Mercury News at obits@mercurynews.com or typed obituary can be faxed to **(408)920-1805**. You must also include the California Cremation Society name as funeral home of record.

The mercury News obituary line is closed on weekends.
The Mercury News obituary phone number is (408) 920-5276

Social Security Administration can be contacted at **1-800-772-1213** if you have any questions.
California Cremation Society will send a general notice to social security but will not send death certificates directly to them.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE.

Please submit a credit card number below (along with all other required information) for ALL services. If you would like to pay by Cash or Money Order, Please indicate this to the director assisting with services and your credit card information will be held until receipt of your Payment.

THIS FORM MUST BE FILED OUT AND SIGNED EVEN IF PAYING BY CASH OR MONEY ORDER

Name of Deceased _____

Death certificates are \$21.00 to \$25.00 each (depending on county). Please indicate how many death certificates you will need and submit credit card and billing address information below:

FILL  NUMBER OF DEATH CERTIFICATES NEEDED _____

Please call (408) 998-4066 to get total amount. A California Cremation Society Counselor will get back to you with total cost.
California Cremation Society Fax number (408) 287-8610

TYPE OF PAYMENT Credit Card CASH Money Order

CREDIT CARD INFORMATION

Visa MasterCard Discover American Express **TOTAL AMOUNT** _____

Credit Card Number _____ Exp date _____ (mm/yy)

Name on card _____ Security V-Code _____

Mailing address on card _____

Telephone Number _____

SIGN  Signature of Cardholder _____

Payment is expected at the time of service. A credit card number must be provided whether you pay by credit card or Money Order.
Please Note that we may never take a card issued in the name of a deceased person.

Any further questions, please feel free to call us at (408) 998-4066 between 9:00 a.m. and 4:00 p.m., Monday through Friday
California Cremation Society Fax number (408) 287-8610
www.california-cremation.com