



...OUR FAMILY HELPING YOURS

As your funeral director, we will initiate the death certificates based on the information you have provided below. We deliver the death certificate to the attending physician, who by law, must sign and place the known cause(s) of death. We then file with the local Health Department Office in the appropriate county of death. The availability of the death certificates will depend upon the schedule of the Health Department. Normally, allow at least ten county working days to receive the certified copies you have requested after the certificate has been filed.

Certified copies of the death certificate are a service provided by the Health Department. We will order the number of copies you request when we file the original document. You can always get additional certified copies if you should need them.

Examples of places that may require a certified copy: Social Security, Life Insurance Policies, Bank Accounts, Pension Funds, Saving Accounts, County Recorder's Office (property), DMV, Securities (Stocks and Bonds)

VITAL STATISTICS

Name of Deceased: First:		Middle:		Last:	
AKA:			Embalming? No Yes		Coroner's Case? No Yes #
Date of Birth:		Age:	Sex:	Date of Death:	
Hour:	State Of Birth:	Social Security Number:		Military Service:	Marital Status:
Education:	Race:		Hispanic: Yes: No:	If Hispanic, what is the Hispanic origin?	
Occupation:(do not used "Retired")		Kind of Business:		Years In Occupation:	
Residence: (Street and Number or Location)					
City:	County:	Zip Code:	Years In County:	State:	
Informant Name		Relationship:	Mailing Address:		
Name of surviving Spouse – First:		Middle:		Last: (Maiden)	
Father's Name – First:	Middle:		Last:		Birth State:
Mothers Name – First:	Middle:		Maiden Name:		Birth State:
Place of Disposition (Where are the remains to be kept or buried?):				Type of Disposition:	
Number of Death Certificates:	Name(s) of person(s) able to pick up death certificates and/or cremated remains:				
INFORMANT'S INFORMATION					
Informants Signature				Relationship:	
By signing above you are accepting the information as correct for use in the Death Certificate					
Informant's Primary Telephone			Informant's Secondary Telephone:		

If usual residence is in Ventura County, would you like a free death notice in the Ventura County Star? Yes No

Family Owned and Operated Since 2002

4444 Cochran St. • Simi Valley, CA 93063 • Phone: 805.581.3800 • Fax: 805.581.3260 • FD1760
 rosefamilyfuneralhome@gmail.com • www.simivalleymortuary.com



...OUR FAMILY HELPING YOURS

ORDER FOR RELEASE

TO Whom it May Concern _____

DECEASED: _____

HEALTH AND SAFETY CODE – CHAPTER 3 – CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named. (a) The surviving spouse. (b) The surviving child or children of the decedent. (c) The surviving parent(s) of the decedent. (d) The person(s) respectively in the next degrees of kindred in the order named by laws of California as entitled to succeed to the estate of the deceased. (e) The public administrator when the deceased has sufficient assets.

The undersigned hereby certify that they have the legal right to take custody and make disposition of the “deceased”. **Therefore, please release the body of said deceased to Rose Family Funeral Home & Cremation with this ORDER FOR RELEASE**

signature/relationship

address

city state zip

date

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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)



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 serve to read and sign, if during the funeral arrangements, we complied with the following statements.

I/We made arrangements for the funeral and final disposition of _____ ,
do hereby attest to the following:

- (1) I/We were presented a General Price List effective on 11/21/2014 prior to discussing prices, services, or merchandise.
- (2) I/We were shown a Casket Price List effective on 05/01/2010 prior to viewing or discussing the prices of caskets, if applicable.
- (3) I/We were shown an Outer Burial Container Price List Effective on 02/01/2008 prior to viewing or discussing the prices of outer burial containers, if applicable.
- (4) I/We were shown a Cremation Urn Price List effective on 02/01/2008 prior to viewing or discussing the prices of cremation urns, if applicable.
- (5) I/We were told that embalming is not required by local, state or federal law and were told that the laws do not require embalming except in certain special cases. If it was provided, this was done with my/our permission.
- (6) I/We were told that no local, state or federal law requires embalming for direct cremations, immediate burial, a funeral using a hermetically sealed casket, or if refrigeration is available, and the funeral is without viewing or visitations.
- (7) I/We were told that no local, state or federal law requires a casket for direct cremation
- (8) I/We were told that local, state or federal law does not require the purchase of an outer burial container or any of the funeral goods and services I/we selected, except as set forth on the statement of funeral goods and services selected.
- (9) No claims were made to me/us stating that the merchandise or other offerings (embalming, casket, outer burial container, cremation urn, etc.) of this funeral home, would delay the decomposition of the remains for a long term or indefinite time, or would protect the body from graveside substances.
- (10) No representations or warranties were made to me/us about the protective features of caskets, outer burial containers, or cremation urns, other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service I/we arranged were the expressed written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose were extended to me/us by the funeral home.
- (11) I/We were given any manufacturers written warranties for their respective products (caskets, outer burial containers, cremation urns, etc.).
- (12) I/We, the undersigned, hereby acknowledge that a copy of the Department of Consumer Affairs guide entitled "Consumer Guide to Funeral and Cemetery Purchases" was provided for retention prior to the drafting of this contract."

Witnessed:

Purchasers:

_____ x _____

_____ x _____

Date signed

Owned and Operated by the Rose Family of Simi Valley

4444 Cochran St. • Simi Valley, CA 93063 • Phone: 805.581.3800 • Fax: 805.581.3260

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.



Decedent _____

Due to the extra time, gas costs and wear and tear on our crematory inner lining we have created a schedule of costs for cremation process based on weight. We estimate an average weight of less than 200 pounds, unless you advise us differently. At our crematory and prior to cremation we will weigh your loved one and send you a statement for reimbursement after the cremation process if necessary.

Schedule of cremation fee based on weight:

Up to 200 lbs:	\$150.00 (Included in the Simple/Direct Cremation)
201 to 300 lbs:	\$150.00 + \$155*
301 to 350 lbs:	\$350.00 + \$155*
351 to 400 lbs:	\$450.00 + \$155*
401 to 450 lbs:	\$525.00 + \$155*
451 to 500 lbs:	\$575.00 + \$155*
501 to 600 lbs:	\$650.00 + \$155*

* Additional cost for a Wood Bottom Cremation Container, which is required by the crematory

These costs are an addition to Rose Families Basic Professional fees, Cremation Container requirement, urn, permit, tax, and death certificates.

Print name

Oakwood Crematory Representative

Signature

Rose Family Funeral Home Representative

Date

Weight

Date

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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 _____

Funeral Director, Employee, or Agent for Funeral Establishment

Lic. # _____

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



SINCE 1924

OAKWOOD MEMORIAL PARK

22601 LASSEN ST.

CHATSWORTH, CA 91311

(818)341-0344 FAX (818)341-6499

Cremation Authorization and Declaration

Decedents Name: _____

Decedents survivors:

Spouse _____ Domestic Partner _____ Adult Children _____ Parents _____ Siblings _____ Other _____

Decedent has: Will _____ Health Care Directive _____

FOR INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT:
DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU
1625 NORTH MARKET BLVD., SUITE S-280 SACRAMENTO, CA 95834 (916) 574-7870

Authorization for Cremation & Disposition

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

1. Cremation:

Cremate the body of the decedent named above in accordance with and subject to the crematory's rules and regulations and the laws and regulations of the State of California.

I acknowledge the following descriptive statement of the cremation process as requires by the Health & Safety code Section 7054.7 (c)(b). "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 in the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery, or scattered at sea."

1a. I understand that the crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible container. I authorize the crematory to remove and dispose of handles, ornaments and all other non combustible materials of the cremation container or casket. _____ INITIALS.

1b. I further 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 & Safety Code. "If the cremated remains container cannot accommodate all the cremated remains of the deceased, the crematory shall provide a larger 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 & Safety code.

2. Implants, Mechanical & Radioactive Devices: Mechanical or radioactive devices, such as pacemakers and insulin pumps may be hazard if placed in the cremation chamber. The crematory will therefore not knowing cremate any remains which contain such device. I CERTIFY THE REMAINS OF THE DECEDENT DO NOT CONTAIN ANY MECHANICAL DEVICES OR THAT I HAVE ARRANGED FOR THEIR REMOVAL. _____ INITIALS.

3. Mementos, Jewelry, Dental Appliances/Gold-Silver, & Other Foreign Material

Items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any other foreign materials placed in the cremation chamber with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the chamber, I authorize their disposal. _____ INITIALS.

4. Viewing: No viewing of the deceased is allowed at the crematory. Viewing or Witness Cremation Services are held at Chapel of the Oaks.

5. Disposition: I authorize you take the action I have indicated below with respect to the decedents cremated remains.

Deliver/release remains to: _____ For the following disposition _____
(Name & address)

Mail remains to: _____ Via U.S. Postal – Registered Mail.

Other _____

Cremated remains not picked up within 90 days of the decedents death at the crematory may be delivered to a licensed cemetery for disposition, in a manner which may make the remains nonrecoverable. If the remains are mailed, I agree that the crematory is acting solely as my agent in mailing the remains, and agree that the crematory shall not be liable if the remains are lost or damaged. ___ initials.

Authority To Conduct Cremation Services

Declaration of Facts by Authorizing Agent(s)

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

I, the undersigned declarant(s) do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and disposition of _____ my _____, whose last known address was _____, _____, _____ and who died on _____.

Sec. 7110 of the Health & Safety Code 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 damage occasioned by or resulting from breach of such warranty.

I understand the provisions of section 7110. _____ initials. Include copy of valid ID.

Section 7100 Authority...

I am the section 7100 authority legally authorized to permit cremation as the form of disposition for the decedent listed herein. My authority is because I am one of the following:

INITIAL one only... _____ Self. I am signing this as a result of a preneed contract I have entered into.

_____ Attorney in fact under a power of authority for **health care**. Attach copy. Surviving spouse _____ Registered domestic partner _____

_____ Sole surviving competent **adult** child. I,we _____ (insert #) _____ competent adult children represent the majority of (insert #) _____ competent adult children. I, we have used reasonable efforts to notify all other surviving competent adult children and are not aware of opposition to the cremation of the decedent by the majority.

_____ Surviving competent parent(s) of the decedent. No adult children exists. _____ Surviving siblings(s). If there are other siblings, I we represent the majority and have used reasonable efforts to notify all other competent adult siblings of these instructions and are not aware of any opposition to the cremation of the decedent by the majority

_____ Other: A competent adult person(s) in the next degree of kindred. I am the only surviving competent adult _____ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify all other such competent adult persons in the same degree of kindred and are not aware of any opposition to the cremation of the decedent by the majority of persons in the same degree.

_____ I am a licensed funeral director. My license # is _____ and I have notified the public administrator, in writing, of the passing and that there are no know persons with the authority to sign the authorization. The public administrator has failed to act and seven days have elapsed from the date of written notification; therefore I am acting as the authorizing agent.

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.

Date: _____

1. Signed _____ Relationship _____ 2. Signed _____ Relationship _____
3. Signed _____ Relationship _____ 4. Signed _____ Relationship _____

PACEMAKER YES _____ NO _____

REMOVED _____

TECHNICIAN _____