

AFTER SIGNING, THESE FORMS CAN BE, TAKEN TO OUR OFFICE, MAILED, OR FAXED TO 408-354-7689

The information on this form is needed for the California "Death Certificate" and must be accurate. All questions pertain to the person that you are providing us with information about. Please answer all questions completely. If the answer is not known - put "Unknown". If the question is not applicable - put "NA". Please call if you have any questions or concerns.

Today's date:

Deceased's Information

Full Name First, Middle, Last

AKA, Also Known As:

Date of Birth:

Sex:

State or Country of birth:

Social Security #:

In the Armed Forces:

Marital Status:

Education:

Was the decedent of Hispanic Origin:

If Hispanic Origin choose or specify:

Race:

Occupation:

Years in Occupation:

Kind of Business/Industry(not company name):

Decedent's Address (no post office box's):

City or Town:

State or Foreign Country:

Zip Code:

County:

Estimated Length of Time in county of Residence:

Person Providing Information

Informant's Name:

Relationship to Decedent:

Mailing Address:

City or Town:

State:

Zip Code:

Email Address:

Phone:

Spousal Information

First:

Middle:

Last (if female maiden name):

Maiden Name/Name before first marriage

Deceased's Parental Information

Father's Name First:

Middle:

Last:

Father's state or country of birth:

Mother's Name First:

Middle:

Last:

Mother's state or country of birth:

Maiden Name/Name before first marriage

Name of cemetery or address of disposition:

Disposition Information

City:

State:

Byrgan Cremation & Burial 236 N. Santa Cruz Ave. S-107, Los Gatos, CA 95030 408-354-6200

Byrgan Cremation & Burial

236 N. Santa Cruz Avenue, Suite 107
Los Gatos, CA 95030 408-354-6200 FD1743

Authorization For Release Of Human Remains

To:

Name of Facility

City

State

Zip

I herewith certify that I am the next of kin, or am a relative acting as agent for the next of kin, and it is my legal right to nominate a funeral director to take charge of the body of:

Therefore please release the body and any personal property or effects of the herein named decedent to representatives of Byrgan Cremation & Burial

Signed _____ Relationship: _____

Address: _____

City: _____ State: _____ Telephone: _____

Witness: _____ Date: _____

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)