



Direct Cremations

CALL 562-253-0065

First Choice Direct Cremations offers affordable cremation services to families who desire basic cremation with or without a funeral-home coordinated memorial. In order to serve our families in the most efficient and cost effective way possible, we have established a few terms of service.

Terms of Service

1. **Payment is required prior to First Choice Direct Cremations taking your loved one into our care –including Coroner/Medical Examiner fees, if applicable.**

All Coroner/Medical Examiner offices have a schedule of fees and require payment at the time we pick up your loved one. These fees will be listed on your Statement of Goods and Services. Once payment is received First Choice Direct Cremations will then pay these fees on your behalf.

- 2. The decedent does not exceed the weight of 600 lbs. (Note: There may be an additional charge for persons over 250 pounds)
- 3. If decedent remains are outside of the State of California, all expenses/fees associated with remains being prepared and shipped are not paid by First Choice Direct Cremations.
- 4. Decedents who pass away at home or at a nursing facility will be brought into our care immediately. We will pick up the decedent from a hospital or medical examiner/coroner's office during normal business hours after the cremation forms have been completed and payment in full has been secured.
- 5. The Legal Next of Kin signs authorization documents. See below for an explanation of who the Legal Next of Kin is in California.

The California Health and Safety Code lists the persons who have the right to make decisions about disposition arrangements after an individual's death unless other written instructions are left. They are listed in the following order:

- Decedent
- Agent under DD Form 93
- Agent under a Power of Attorney for Healthcare
- Spouse OR Registered Domestic Partner
- Child / Children over age 18 (majority)
- Parent / Parents
- Sibling / Siblings (majority)
- Grandparents, Grandchildren (majority)
- Great-Grandchildren, Nephews, Nieces, Uncles, Aunts, Great Grandparents

All persons must be competent. And, except for spouses and parents, all persons must be at least 18 years of age. Domestic partners must be registered with the Secretary of California. Decedent's wishes must comply with the Health and Safety Code Section 7100.1 to be binding.

N. 562-253-0065 | License #FD2466
1424 East Artesia Boulevard | Long Beach, CA 90805 | N. 562-253-0065 | F. 562-269-0240 | License #FD2466

The signature below hereby certifies that I have read and unders the aforementioned information.

Informat's Signature
Relationship to the Decedent _____

Date

Decedent Documents Instructions for Completing Decedent Documents

1. Vital Information

2. Cremation Authorization & Disposition

Other Authorized – Need initials of informat

Releasing to family – Need initials of informat & majority family members (i.e., 6 siblings – 4 need to initial)

Location – Need initials of informat (above I/We expressly) & majority family members (i.e., 6 siblings – 4 need to initial)

URN description – Only informat needs to sign

Additional Signatures Page – All family members equal to the majority (i.e., 6 siblings – 4 need to sign)

3. Disclosure of Preneed Funeral Arrangement

Only the informat

4. Declaration for Disposition of Cremated or Hydrolyzed Human Remains

Informat and & majority family members (i.e., 6 siblings – 4 need to sign).

5. Authorization to Accept or Decline Embalming

Only the informat

Note: These are the basic documents for a Decedent; additional documents may be required on a case by case basis.

First Choice 
Direct Cremations

1424 East Artesia Boulevard
Long Beach, California 90805
Ph. 562.253.0065 • Fax: 562.269.0240

ORDER FOR RELEASE OF HUMAN REMAINS

Date: _____

To: _____

Address: _____

City: _____ St: _____ Zip Code: _____

You are hereby authorized and directed to release the dead human remains and personal affects of:

	Male	Female
Name of Deceased	<input type="checkbox"/>	<input type="checkbox"/>

RELEASE TO:

FIRST CHOICE DIRECT CREMATIONS FD# 2466
1424 East Artesia Boulevard
Long Beach, California 90805
Ph: 562.253.0065 • Fax: 562.269.0240

#FD2301 • Destiny Funeral Home & Crematory Inc. • 5443 Long Beach Blvd. - Long Beach, CA 90805
(562) 912-7977 (O) • (562) 912-7980 (F)

I, or we hereby authorize the above named mortuary to care for, embalm and/or otherwise prepare the deceased.

Signed: _____

Print Name: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Relationship: _____ Phone Number: _____

CERTIFIED DOCUMENT

Vital Information

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (Family)					
	4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH (MM/DD/YYYY)		5. AGE Yrs.	IF UNDER ONE YEAR		IF UNDER 24 HOURS	6. Sex
							Months	Days	Hours	Minutes
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (At Time of Death)		7. DATE OF DEATH (MM/DD/YYYY)		HOUR (24 HOURS)
				<input type="checkbox"/> YES	<input type="checkbox"/> NO					
	13. EDUCATION - Highest Level/Degree (Grade or High School, Degree (Bachelor, Masters, Doctorate)		14/16. Was decedant Spanish/Hispanic/Latino?			16. DECEDENT'S RACE - Up to 3 races may be listed				
		<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____								
17. USUAL OCCUATION - 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	
INFORMATION	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)			

Vital Information

INFORMATION	31. NAME OF FATHER -- FIRST		32. MIDDLE	33. LAST	34. BIRTH STATE
	35. NAME OF MOTHER -- FIRST		36. MIDDLE	37. LAST (Maiden Name)	38. BIRTH STATE
DISPOSITION	39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		
<p style="color: red; font-weight: bold; margin: 0;">IMPORTANT</p> <p style="margin: 5px 0;">***Please take the time to proof read the above information provided as it will be used for an official document***</p> <p style="margin: 5px 0;">The signature below hereby certifies that, to the best of my knowledge, the aforementioned information provided within this document is true and accurate.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Informat's Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div> <div style="margin-top: 20px;"> <p>_____</p> <p>Informant's Relationship to the deceased</p> </div>					

**“FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS,
CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU
1625 NORTH MARKET BLVD SUITE S-208 SACRAMENTO, CA 95634
P.(916) 974-7870, F.(916) 928-7988 – www.cfb.ca.gov.”**

First Choice 
Direct Cremations

**First Choice Direct Cremations 1424 East Artesia Boulevard, Long Beach, CA 90805
| 562-253-0065**

General Price List

Effective October 4, 2023. Prices are subject to change without notice

Prior to drafting any contract for goods or services, the responsible part or the decedent's survivor who is handling the funeral arrangements is entitled to receive a copy of any pre-need agreement in the possession of the funeral establishment that has been signed and paid for, in full or in part, by or on behalf of the decedent.

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF

\$1,695

This fee for our basic service and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations and forwarding or receiving remains.)

Personnel available 24 hours a day, 365 days a year to respond to initial call	Included
Arrange conference	Included
Coordinating service plans with cemetery, crematory and/or other parties involved in the final disposition of the deceased	Included
Preparation of necessary forms for governmental agencies	Included
General operational costs	Included

EMBALMING

\$650.00

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

OTHER PREPARATION OF THE BODY

Sanitary care, bathing, placing of features in repose when embalming is not selected	\$170
Use of specialized storage equipment (3 days)	\$495
Use of specialized storage equipment (per day, or any part thereof in excess of 14 days after date of death)	\$150
Special use of preparation room (e.g. private autopsy, religious washing and/or dressing, etc.)	\$225
Dressing, cosmetics, hair*	\$180

*Requires embalming authorization. If embalming is not authorized, special fees may apply.

**First Choice Direct Cremations
General Price List (GPL)**

USE OF FACILITIES AND STAFF FOR VIEWING includes the setup of visitation area, placement of casketed remains, display of floral arrangements and supervision during visitation by attendants.

Facility A Starting Rate (up to 75 people)	\$550
Facility B Starting Rate (up to 150 people)	\$850
Facility C Starting Rate (151 to 1,000 people)	\$4,000

USE OF FACILITIES AND STAFF FUNERAL CEREMONY includes the coordination of funeral arrangements, display of floral arrangements, staff to supervise and assist with funeral ceremony.

Service times: Monday through Friday at 9 a.m., 11 a.m., 1 p.m., 3 p.m. 5 p.m. or 7 p.m.

Facility A Starting Rate (up to 75 people)	\$750
Facility B Starting Rate (up to 150 people)	\$1,100
Facility C Starting Rate (151 to 1,000 people)	\$4,500
> 45+ miles away, per mile roundtrip beyond 45 miles	\$945
(Add \$5.00)	\$5.00
Additional charge for extended facility time	\$545
Additional charge for use of facilities and staff on a Saturday or Holiday	\$400

USE OF FACILITIES AND STAFF FOR MEMORIAL SERVICE (without remains present) includes the coordination of service arrangements, display of floral arrangements, staff to supervise and assist with the memorial service. Service times: Monday through Friday at 9 a.m., 11 a.m., 1 p.m., 3 p.m. 5 p.m. or 7 p.m.

Facility A Starting Rate (up to 75 people)	\$750
Facility B Starting Rate (up to 150 people)	\$1,100
Facility C Starting Rate (151 to 1,000 people)	\$4,500
> 45+ miles away, per mile roundtrip beyond 45 miles	\$945
(additional \$5.00 per mile)	\$5.00
Additional charge for extended facility time	\$545
Additional charge for use of facilities and staff on a Saturday or Holiday	\$400

TRANSPORTATION

Transfer of remains to funeral home from place of death, within 45 miles	\$595
Funeral coach (e.g., a hearse), within 45 miles	\$395
Family car or limousine (3-hour minimum):	
Family car (6-8 passengers)	\$395
Limousine (10 passengers)	\$495
Additional charge for each hour, or portion thereof	\$95
Floral assistance, within 45 miles	\$255
Service vehicle (e.g., a utility vehicle), within 45 miles	\$175
Transfer to/from LAX, BUR, LGB, ONT or SNA airport	\$395
Distances 45+ miles away from First Choice Funeral Service, per mile roundtrip, add	\$5

FORWARDING REMAINS TO ANOTHER FUNERAL HOME **\$1,705**

This charge includes the reduced services of our staff, necessary authorizations required by the State of California (excluding county filing fee), embalming, use of preparation room and local transportation (excluding shipping casket, shipping container and shipping charges). This charge does not include use of facilities and staff for visitation or ceremonies.

**First Choice Direct Cremations
General Price List (GPL)**

RECEIVING REMAINS FROM ANOTHER FUNERAL HOME **\$1,610**

This charge includes the reduced services of our staff and transportation from LAX, BUR, LGB,ONT OR SNA airports to local cemetery or crematory. This charge does not include visitation or ceremonies.

DIRECT CREMATION **\$1,695 to \$2,935**

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are made of heavy cardboard and wood composite.

Refrigeration	Included
Transfer of remains to funeral establishment	Included
Reduced basic services of funeral director and staff	Included
Transfer to/from crematory	Included
Cremation by Destiny Funeral Home & Crematory Inc.	Included

Direct Cremation, including the above services

With container provided by purchaser (must meet state and crematory requirements)	\$1,695
With minimum cardboard container purchased from First Choice Direct Cremations	\$1,725
With Trayview container purchased from First Choice Direct Cremations	\$1,795
With Standard Brown container purchased from First Choice Direct Cremations	\$1,875
With Stratus container purchased from First Choice Direct Cremations	\$2,935

Disposal of Inappropriate or non-combustible casket or container

Other Preparation of the Remains (Dressing, Grooming, Casketing, Etc.)	\$375.00
Hair Dressing	\$75.00
Restorative Art (if necessary, per hour)	\$65.00
Sanitary care of un-embalmed remains	\$175.00
Preservative Refrigeration (per day)	\$100.00
Autopsy Repair	\$175.00

IMMEDIATE BURIAL without rites/ceremonies at funeral home, graveside or elsewhere **\$1,145 to \$13,440**

Refrigeration	Included
Transfer of remains to funeral establishment	Included
Reduced basic services of funeral director and staff	Included
Transportation to cemetery of choice	Included

Immediate Burial, including the above services:

With container provided by purchaser (must meet stat and cemetery requirements)	\$1,745
With minimum casket purchased from First Choice Direct Cremations (cloth-cover oval top)	\$1,845

RECEPTIONS

This includes the use of Facilities A, B or C referenced herein	\$400
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CASKETS OFFERED BY FIRST CHOICE DIRECT CREMATIONS

Caskets regularly offered for sale range from	\$1,920 to \$3,286
Rental Caskets (includes the inserts)	\$800

**First Choice Direct Cremations
General Price List (GPL)**

ALTERNATIVE CONTAINS

Regularly offered for sale range from
A complete price list will be provided

\$425 to \$4,995

OUTER BURIAL CONTAINERS OFFERED BY FIRST CHOICE DIRECT CREMATIONS

Regularly offered for sale range from starting at:
A complete price list will be provided

\$295

OTHER PRODUCTS OR SERVICES

Memory Portrait	\$50
A Life Remembered Book	\$25
Additional acknowledgment cards (per 50), starting at Cross or Crucifix	\$25
Everlasting Memorial	\$345
2 MeM Moving Memories USB	Included
Online memorial	Included
Audio guest book	Included
Flag Case	\$195
Register book, starting at	\$75
Additional memorial folders (per 50), start at	\$50
Moving Memories™ DVD additional copy	\$25
Personal print packages, starting at	\$250
Additional prayer cards (per 50)	\$50
Memorial jewelry, starting at	\$110
Air Tray	\$200
Cremation by First Choice Direct Cremations	\$470
> Witness cremation, Monday through Saturday, add	\$400
Life Remembered Celebration	\$745

WHITE DOVE RELEASE

20 White Rock Doves	\$295
40 White Rock Doves	\$390
60 White Rock Doves	\$510
> Additional white rock doves, per dove, add	\$6

Date: _____ Service # _____ Place of Birth _____
 Deceased Name: _____

Charges are only those items that you selected or that are required. If we are required by law or by a Cemetery or a crematory to use any items, we will the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below. For more information on funeral and crematory matters, contact: State of California Dept of Consumer Affairs" Cremetery & Funeral Bureau, 625 N. Market Blvd., Ste 5-208, Sacramento, CA 95834 (800) 952-5210

A. CHARGES FOR SERVICES	
Professional Services Funeral Director & Staff	\$ _____
Embalming	\$ _____
Dressing, Casketing and Cosmetology:	\$ _____
Other Minimal Preparation	\$ _____
Rental Casket	\$ _____
Facilities, Services & Equipment	\$ _____
Chapel	\$ _____
Equipment for Church Service	\$ _____
Graveside Service	\$ _____
Automotive Equipment	\$ _____
Transfer of Remains to Mortuary	_____
Hearse	\$ _____
Limousine	\$ _____
Service/Utility Vehicle	\$ _____
Emergency Service	\$ _____
Other: _____	\$ _____
TOTAL CHARGE FOR SERVICES	\$ _____ -

B. CHARGES FOR MERCHANDISE	
Casket Name: _____	\$ _____
Vault: _____	\$ _____
Head Panel: _____	\$ _____
Registration Book: _____	\$ _____
Prayer Cards: _____	\$ _____
Memorial Package: _____	\$ _____
Photo: _____	\$ _____
URN: _____	\$ _____
Crucifix: _____	\$ _____
Gloves: _____	\$ _____
Air Tray: _____	\$ _____
Burial Clothing: _____	\$ _____
Memorial Video: _____	\$ _____
Other: _____	\$ _____
TOTAL CHARGE FOR MERCHANDISE	\$ _____ -

The only warranty on the casket and/or outer burial vault sold connection with this service is the express written warranty if any, granted by the mfg. This Mortuary makes no warranty, express or implied, with respect to the casket and/or outer burial container.

If any law, cemetery or crematory requirements have required the purchase of any of the item listed above, the law or requirements is explained below by Cemetery.

BURIAL PERMIT PER STATE LAW.

C. SPECIAL CHARGES	
Forwarding of Remains to:	\$ _____
Receiving of Remains to	\$ _____
Immediate Burial	\$ _____
Direct Cremation	_____
Other: _____	\$ _____
TOTAL SPECIAL CHARGES	\$ _____ -

D. CASH ADVANCE	
Certificates	\$ _____
Permit of Disposition	\$ _____
Clergy	\$ _____
Musician	\$ _____
Crematory: <u>Destiny Funeral</u>	\$ _____
County Coroner	\$ _____
Health Dept Letter	\$ _____
Escorts	\$ _____
Airlines	\$ _____
Dove release: _____	\$ _____
Cemetery	\$ _____
Consultate Fee	\$ _____
Apostille	\$ _____
Coffee Service	\$ _____
Outside Mortuary	\$ _____
Outside Mortuary	\$ _____
Flowers: _____	\$ _____
Other: DCA Fee	_____
TOTAL CASH ADVANCE	\$ _____ -

We charge you for our services in ob

Write the sales taxable amount (if applicable) \$ _____

SUMMARY CHARGES	
A. Charges for Services	\$ _____ -
B. Charges for Merchandise	\$ _____ -
C. Special Charges	\$ _____ -
D. Cash Advance	\$ _____ -
E. Sales Tax (If applicable)	\$ _____
TOTAL MORTUARY CHARGES	\$ _____ -

LESS CREDIT & PREPAYMENTS	
Discounts	_____
Check	\$ _____ -
Cash	\$ _____
Insurance/Credit Card	\$ _____ -
Other: _____	\$ _____ -
TOTAL CREDIT & PREPAYMENT	\$ _____ -

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 OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person arrangements are for
the possession of _____ will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by _____ and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number
manner¹: _____
Manner, Location and Other Detail of Disposition

Name of person(s) with the legal right to control disposition²: _____
Attach additional pages if necessary

Signed _____ Date _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed _____ Date _____
Person(s) with legal right to control disposition

Signed _____ Date _____
Person(s) with legal right to control disposition

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

Signed _____ Date _____
Person(s) contracting for cremation or hydrolysis services

Signed _____ Lic. # _____ Date _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS

A person having the right to control disposition of cremated or hydrolyzed human remains may remove the remains in a durable container from the place of cremation, hydrolysis, or interment, pursuant to Health and Safety Code section 7054.6.

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

¹ See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.

² See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.

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. (Sections 10375 and 7100, Health & Safety Code.) The undersigned requests and authorized **DESTINY FUNERAL HOME & CREMATORY**, 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 lie the remains of.

Last Known

Address: _____

I/we represent and warrant to you that I/we am/are the person(s) having the right to control the disposition of remains of the decedent. Health and Safety Code Section 7100, Custody & Duty of Interment.

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

Self

Surviving Spouse

I am the sole surviving child of the deceased.

We represent a majority of the Surviving children (total number of children _____), and That we have used reasonable efforts to notify all other surviving children and are not aware of any opposition to these instructions on the part of one-half more of the surviving children.

Funeral Director / Cemetery Authority

Other authorized representative. State relationship and authority:

I/we authorize disposition of the cremated remains by: (initial one)

Interment in a cemetery plot or mausoleum Crypt

Scattering in a dedicated cemetery

Placement in columbarium niche

Releasing to Family

LOCATION: _____

I/we expressly give permission for:

1. The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations (Section 7054.7(a)(I) California Health and Safety Code).
2. The processing of the cremated remains so that they are Suitable for inurnment within cremated remains container or urn (Section 7054.1, California Health & Safety Code).
3. I/We hereby acknowledge that I/we am/are responsible for the removal of any jewelry or mementos from the deceased prior to cremation.
4. I/We authorize the Funeral Home to remove any eyeglasses from the cremation container and return them to me/us.
5. I/We understand that any jewelry or mementos of the deceased may be destroyed during the cremation process and may not be recoverable. Any material which is recovered shall be returned to the cremated remains containers. (Section 7051, California Health & Safety Code).
6. The Crematory shall accept only those human remains which are in a cremation container, as defined (see reverse side), which is labeled with the identity of the decedent (Section 8345.5, California Health & Safety Code).
7. In the event of there being more cremated remains than the container provided, or the urn which I/we have chosen, will hold, I/we direct to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345, California Health & Safety Code.
8. The Crematory will store the body of the deceased at a temperature no greater than 50°F unless the cremation process will begin within 24 hours of the time that the human remains were received by the Crematory (Section 8346, California Health & Safety Code).
9. The Crematory will not cremate any human remains which contain any type of implanted pacemaker, mechanical, radioactive or silicon device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to the cremation, and dispose of such items in any lawful manner it deems appropriate.

DESCRIPTION OF IMPLANTED DEVICE

DISPOSITION OF THE IMPLANATED DEVICE

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". The cremation process Section 7054.7 of the California Health & Safety Code.

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 one (1) year of the cremation date, Destiny Funeral Home and Crematory is authorized to inter or cause them to be interred in the cemetery. I/we hereby agree to indemnify, release and hold the Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damage, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

For more information on cemetery and cremation matters, contact: State Cemetery Board, 1625 North Market Blvd, Suite S-208, Sacramento, CA 95934 Telephone number (916) 574-7870.

URN DESCRIPTION	Signature	Date
FUNERAL DIRECTOR	Address	Phone
	City and State	Zip
DATE OF CREMATION	Name and Relationship to Deceased	Zip
OPERATOR'S NAME		

**SEE PAGE 3 FOR EXPLANATION OF TERMINOLOGY
Additional authorizing signatures shall be placed on Page 4.**

CREMATION DEFINITION

Section 7010 California Health & Safety Code:

“**Cremation**” means the combination of the following:

- (a) The reduction of the body of deceased human to its essential elements by incineration.
- (b) The repositioning or movement of the body or remains during incineration to facilitate the process,
- (c) The processing of the remains after removal from the cremation chamber

Section 7010.3 California Health & Safety Code:

“**Processing**” means the removal of foreign objects pursuant to Section 705 1, and the reduction of the particular size of cremated remains by mechanical means including, but not limited to, grinding, crushing, and pulverizing to a consistency appropriate for disposition.

Section 7010.5 California Health & Safety Code:

“**Residue**” means human ashes, bone fragments, prostheses, and disintegrated material from the chamber itself, embedded in cracks and uneven spaces of a cremation chamber, that cannot be removed through reasonable manual contact with sweeping or scraping equipment. Material left in the cremation chamber, after the completing of a cremation, that can be reasonably removed shall be considered to be in excess of-residue”

Section 7002 California & Safety Code:

“**Cremated remains**” means human remains after cremation in a crematory

Section 7006.3 California Health & Safety Code:

“**Cremated chamber**” means the enclosed space within which the cremation of human remains is performed.

Section 7006.5 California Health & Safety Code:

“**Cremation container**” means a combustible, closed container resistant to leakage of bodily fluids into which the body of a deceased person is placed prior to insertion in a cremation chamber for cremation.

Section 7006.7 California Health & Safety Code:

“**Cremated remains container**” means a receptacle in which cremated remains are placed after cremation.

Section 7009 California Health & Safety Code:

“**Interment**” means the disposition of human remains by-entombment or burial in a cemetery or, in the case of cremated remains, by inurnment, placement or burial in a cemetery, or burial at sea as provided in Section 7117.

Section 7010.78 California Health & Safety Code:

“**Scattering**” means the authorized dispersal of cremated remains at sea, commingling in a defined area within a dedicated cemetery, in accordance with this chapter.

Section 7011 California Health & Safety Code:

“**Inurnment**” means placing cremated remains in a cremated remains container suitable for placement, burial, or shipment.

Section 701 1.2 California Health & Safety Code:

“**Placement**” means the placing of a container holding cremated remains in a crypt, vault, or niche,

Section 7025 California Health & Safety Code:

“**Deposition**” means the interment of human remains within California, or the shipment outside of California, for lawful interment or scattering elsewhere, including release remains pursuant to Section 10376.5.

ADDITIONAL SIGNATURES of persons having legal right to control disposition of remains:

Name _____

Address _____

Signature _____

Relationship _____

Name _____

Address _____

Signature _____

Relationship _____

Name _____

Address _____

Signature _____

Relationship _____

Name _____

Address _____

Signature _____

Relationship _____

Name _____

Address _____

Signature _____

Relationship _____

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.