

Care Center Cremation & Burial
 7403 Princess View Dr. Ste E San Diego, CA 92120
 Phone (619) 677-2599
 Fax (619) 839-3185

Care Center Cremation & Burial North
 100 E. San Marcos Boulevard, Suite 428, San Marcos, CA 92069
 Phone (760) 489-9911
 Email: SDCCC@LIVE.com

Please complete death certificate worksheet and return to appropriate office above. If you have any questions, please feel free to contact the appropriate office above. Information provided on this form will be used verbatim on the death certificate. In accordance with CA law, a death certificate must be filed within 7 days of the date of death, as long as the medical section has been completed by the doctor and accepted by the Health and Human Services Department. Any information not supplied by the informant **MUST** be listed as unknown. **We reserve the right to change the Occupation or Industry items to conform with the State of California Guidelines.**

NAME OF DECEDENT - FIRST		MIDDLE		LAST					
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) and list only one (1)						DATE OF BIRTH		SEX	
BIRTH STATE/FOREIGN COUNTRY		SOCIAL SECURITY NUMBER		EVER IN US ARMED FORCES? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		MARITAL STATUS (at time of death) <input type="radio"/> NEVER MARRIED <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED <input type="radio"/> SRDP			
EDUCATION (highest level/degree)		WAS DECEDENT LATINO? (if yes, specify: Mexican, Nicaraguan, etc.) <input type="radio"/> YES _____ <input type="radio"/> NO		DECEDENT'S RACE (up to three (3) may be listed)					
USUAL OCCUPATION List only one (1). Give type of work for most of life (<i>NOT RETIRED</i>).				KIND OF BUSINESS OR INDUSTRY List only one (1) (e.g. construction, grocery, etc)			YEARS IN OCCUPATION		
DECEDENT'S RESIDENCE (street number or location)			CITY		COUNTY		ZIP CODE	YEARS IN COUNTY	STATE/FOREIGN COUNTRY
PERSON SUPPLYING INFORMATION, RELATIONSHIP, AND MAILING ADDRESS									
PRIMARY DOCTOR WHO WILL COMPLETE DEATH CERTIFICATE (list all and include contact information)									
NAME OF SURVIVING SPOUSE - FIRST		MIDDLE		LAST (MAIDEN name if applicable)					
NAME OF DECEDENT'S FATHER - FIRST		MIDDLE		LAST			BIRTH STATE		
NAME OF DECEDENT'S MOTHER - FIRST		MIDDLE		LAST (MAIDEN name)			BIRTH STATE		
FINAL RESTING PLACE OF DECEDENT OR CREMATED REMAINS If residence or cemetery, please supply full name and address.						CIRCLE ONE: CREMATION BURIAL		EMBALMING? YES NO	
I hereby attest that I provided the foregoing information and believe that said information is true and correct to the best of my knowledge. I have read and reviewed it for accuracy and understand there will be a minimum charge of \$75.00 plus the cost of replacement of certified copies of the death certificate and/or permit, to be paid by the informant, to amend the death certificate after certified copies are issued. Revised 11/11/2017				SIGNATURE OF INFORMANT If the doctor has not provided information in a reasonable time, you may reach me at: Email: _____ Phone: _____				DATE AND TIME	



Care Center Cremation & Burial FD 2097
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Care Center Cremation & Burial North FD 2289
100 E. San Marcos Blvd, Ste 428, San Marcos, CA 92069
PH: (760) 489-9911 FX: (619) 839-3185 sdccc@live.com

RELEASE AUTHORIZATION

The undersigned hereby authorizes and requests the release of Human Remains of:

Name: _____

FROM

Location: _____

TO

**Care Center Cremation & Burial, Care Center Cremation & Burial North, and/or
designated agents**

The above named mortuary, including its agents, is hereby authorized to sign on behalf of the legal Next-of-Kin any and all authorizations that may be required to secure release of the above named decedent. The undersigned further represents that they are the legal Next-of-Kin according to CAL. HSC. § 7100 to execute this authorization.

Signature: _____

Print: _____

Relationship: _____

Date: _____

Phone: _____

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Care Center Cremation & Burial
(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:

Care Center Cremation & Burial 7403 Princess View Dr. Ste E San Diego, CA 92120
(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 _____, 2019, 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 San Diego, CA.
(Month) (Year) (City and State)

Kellee Bryan
Funeral Establishment Representative (Print Name)

Kellee Bryan
Funeral Establishment Representative (Signature)