

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
7403 Princess View Dr. Ste E, San Diego, CA 92120
PH: (619) 677-2599 FX: (619) 839-3185 sdccc@live.com

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 it 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)

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in

the possession of Care Center Cremation & Burial 619-677-2599, will be cremated by

Gateway Crematory CR-297 (714) 535-3715 and shall be disposed of in the following

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 Kellee Byrd Lic. # _____
Funeral Director, Employee, or Agent for Funeral Establishment 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

Gateway Crematory CR-297
1410 S. Acacia Ave. #D Fullerton, CA 92831
(714) 535-3715

Authorization for Cremation and Disposition of Human Remains

[Note: This is an important legal document which you should read carefully before signing.]

If you have any questions please ask your funeral Counselor and or,

"For more information on Funeral, Ceremony, and Cremation matters, contact:

**Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA
95834
(916) 574-7870"**

The Cremation Process is performed according to California Law. There can be no Allowance for ethnic or religious variation. Subject to the rules and regulations of Gateway Crematory and any applicable Federal, State, Local Laws, or Ordinances the undersigned hereby certifies, warrants and represents that I/We have the full legal right and authority to authorize Gateway Crematory (hereafter the "Crematory") to perform the cremation of the remains of:

_____ [FIRST NAME] _____ [MIDDLE NAME] _____ [LAST NAME] _____

_____ Approximate Weight _____

[Decedents Usual Address]

(Hereafter the "Deceased/Decedent"), and to arrange final disposition of the cremated remains as follows:

Place of Final Disposition _____

→ I hereby **DECLINE** to View the Decedent at the Crematory; **INITIAL** _____

I **REQUEST** a Viewing of the Decedent at the Crematory; Date/Time _____ ; **INITIAL** _____

ID Viewing or Witness the insertion into the cremation chamber (Circle One)

Funeral Home handling the arrangements: _____
(Hereafter the Funeral Home)

Casket/Containers: Gateway requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personal. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. Metal, Plastic, Fiberglass Caskets or Cremation Containers will not be allowed to be cremated. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but not limited to hinge, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition on this form.

Casket or Cremation Container Selected _____ / **Urn Selected** _____

Pacemaker, Prostheses, and Radioactive Devices: Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to Gateway Crematory personnel or equipment by such devices or implants. By initialing this paragraph, I/We give permission to the Crematory, Funeral Home, or Staff to remove the surgical hardware as referenced above prior to cremation. The Funeral Home and or the Crematory are authorized to dispose of the device(s) as deem appropriate.

→ **Pacemaker; YES OR NO (Circle One)** **(INITIAL)** _____

Deceased: _____

The Cremation Process:

The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result 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 that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these materials with similar materials from other cremation in a non-recoverable manner, so that only the human bone fragments will remain. There may be small non-combustible material the operator may not visibly see and be placed in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

→ (INITIAL) _____

DISPOSITION OF CREMATED REMAINS

I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes. : (Choose One)

→ (INITIAL) _____ Deliver said cremated remains to: _____

(INITIAL) _____ I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes No responsibility after delivery.

SHIP TO: _____

(INITIAL) _____ **RELEASE TO:** _____

Authorizing Agent: An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Health and Safety Code Sec. 7100.1.) Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/We acknowledge and agree that I/We have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold Gateway Crematory, The Funeral Home, Their affiliates, Employees and assigns, harmless from any and all losses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or waived my/our rights of identification of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

Executed at _____ on _____

→ Signature of Authorized Agent: _____ Relationship _____

Printed Name: _____ Phone # _____