



# Arlington Mortuary

FD # 1033

## Arrangement Packet

**9645 Magnolia Ave.**

**Riverside, CA 92503**

**Telephone (800) 875-4648**

Fax or email all documents to:

Fax (951) 688-5743

info@arlingtonmortuary.com

www.arlingtonmortuary.com

This package contains all of the necessary forms required by the State of California to authorize a cremation with us. Please carefully read all of the forms, fill them out completely, sign and initial where required, and return them below by faxing, emailing, or mailing to us, along with your payment (a payment voucher is included in this package).

**NOTE:** If the deceased is at a coroner's facility, a specific (Coroner's Release Authorization) is needed for us to make the removal. Please be sure you print out the specific form from our site, sign it, and return with these forms.

While our operation is 24 hours a day 7 days a week, between the hours of 9AM-5PM Mon-Sun, please expect a contact call within 1 hour of sending required information. If information is received after regular business hours (After 5PM), our administrative staff will contact you upon their return the following day at 9AM. It's that simple. If you should have any questions, or should require any assistance with these forms. Please feel free to call our office at **(800) 275-4648**. We thank you for the confidence you've placed in us, and know we will exceed your expectations.

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Death has occurred  Death is imminent  Prearrangements

## HELPFUL HINTS FOR PREPARING CREMATION PAPERWORK

The following forms are required by the State of California to authorize a cremation with our facility.

### NON-MEDICAL STATISTICAL INFORMATION REQUIRED TO COMPLETE DEATH CERTIFICATE

**PAGE 3**-Completion of this form will allow us to obtain a Death Certificate and a Permit for Disposition.

### AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

**Page 5** -Gives us permission to perform embalming if requested by family.

### DISCLOSURE OF PRENEED FUNERAL AGREEMENT

**Page 7**-Existence or absence of preneed funeral arrangements.

### AUTHORIZATION FOR CREMATION & DISPOSITION

**PAGES 8, 9, 10, & 11**- To authorize a cremation, the State of California requires that the majority (51%) of the closest next of kin sign these pages. All must initial and sign where indicated. (If not, this will delay the cremation process until completed paperwork is received). Driver's license or Photo ID from each signer needs to be faxed with the paperwork.

### DECLARATION FOR DISPOSITION OF CREMATED REMAINS

**PAGE 12** -All must sign the page under "legal right to control" and the person responsible for payment need only sign under "Contracting for Cremation Services."

**Payment Voucher Page 13**-(Statement of Goods and Services)

**FAX OR EMAIL**

**Fax back to (951) 688-5743 or email to  
info@arlingtonmortuary.com**

**with a copy of a photo ID (i.e. driver's license) of all signers and a copy of  
the Durable Power of Attorney For Healthcare if applicable.**

**NON-MEDICAL STATISTICAL INFORMATION REQUIRED TO COMPLETE DEATH CERTIFICATE**

1. NAME OF DECEDENT-FIRST (GIVEN)			2. MIDDLE			3. LAST (Family)			
AKA, ALSO KNOWN AS-INCLUDE FULL AKA (FIRST,MIDDLE,LAST)				4. DATE OF BIRTH mm/dd/ccyy			5. AGE Yrs.		
6. SEX	7. DATE OF DEATH	8. HOUR (24 HOURS)	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER			11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
12. MARITAL STATUS-CHECK ONE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> CA.REG. DOMESTIC PARTNER									
13. EDUCATION (Highest Grade or Degree) -CHECK ONE <input type="checkbox"/> 0-DID NOT COMPLETE ONE YEAR <input type="checkbox"/> GRADES 1-11 ___ GRADE <input type="checkbox"/> H.S. DIPLOMA/GED <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE									
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO <input type="checkbox"/> Yes <input type="checkbox"/> No					16. DECEDENT'S RACE- UP TO 3 RACES MAY BE LISTED				
17. USUAL OCCUPATION- Type of work for most life(do not use retired)				18. BUSINESS / INDUSTRY			19. YEARS IN OCCUPATION		
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		26. NAME RELATIONSHIP/ INFORMANT		27. MAILING ADDRESS AND TELEPHONE NUMBER			
28.NAME OF SURVIVING SPOUSE-FIRST			29. MIDDLE			30. LAST (MAIDEN)			
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	
39. FINAL DISPOSTION (CHECK ONE) <input type="checkbox"/> BURIAL AT CEMETERY <input type="checkbox"/> KEEP AT RESIDENCE <input type="checkbox"/> SCATTER AT SEA BY MORTUARY ADDRESS OF CEMETERY OR RESIDENCE									
40. NAME , ADDRESS AND RELATIONSHIP OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE									

I have read the above information and verify that the information is true and correct.

**SIGN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Examples of items that may require a "Certified Copy" are:

- Social Security • Life Insurance Policies • Pension Funds • Bank Accounts • Saving Accounts • Certificates of Deposit
- County Recorders Office (Property) • Securities (Stocks/Bonds) • Department of Motor Vehicles (Automobile)

**NUMBER OF CERTIFIED COPIES YOU WOULD LIKE US TO ORDER** \_\_\_\_\_

YES  NO- Mail Certified Copies to Informant



# Arlington Mortuary

9645 Magnolia Ave.  
Riverside, CA 92503  
Telephone (800) 275-4648  
Fax (951) 688-5743  
Email-  
[info@arlingtonmortuary.com](mailto:info@arlingtonmortuary.com)  
[www.arlingtonmortuary.com](http://www.arlingtonmortuary.com)  
FD # 1033

## RELEASE INFORMATION

TO: Hospital, Nursing Home, and Coroner or Present Location of Deceased

### LOCATION OF DECEDENT

I hereby authorize and request the remains of:

### NAME OF DECEDENT

To **Arlington Mortuary**

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required as secure release of the above named decedent. The undersigned further states that they have the legal right to make the authorization

**SIGN** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: Arlington Mortuary  
(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:

Arlington Mortuary-9645 Magnolia Ave., Riverside, CA 92503  
(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)

## **DIRECTIONS ON THE DISPOSITION OF DECEDENT'S CLOTHING**

### **1. DIRECTIONS AS TO DISPOSITION OF CLOTHING**

The REPRESENTATIVE directs the FUNERAL HOME to arrange for the disposition of clothing on or with the DECEDENT's body as follows:

***PLEASE INITIAL BELOW:***

**INITIAL:** \_\_\_\_\_ Dispose of the clothes at the FUNERAL HOME'S discretion.

**INITIAL:** \_\_\_\_\_ Place the clothes in this casket or alternative container with the deceased for final disposition.

**INITIAL:** \_\_\_\_\_ Return the unwashed clothes to the RECIPIENT. If the clothes contain any blood or other potentially infectious material, the clothes will be packed in biohazard bags and should only be handled by individuals wearing appropriate protective gloves and employing universal precautions. The FUNERAL HOME will hold the clothes for 20 days from the date of this agreement for the RECIPIENT to pick up. After 20 days, the clothes will be disposed of at the FUNERAL HOME'S discretion.

**DATE:** \_\_\_\_\_

**SIGNATURE OF REPRESENTATIVE:** \_\_\_\_\_

## DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, **Arlington Mortuary**,  
License number FD # 1033, 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**

**SIGN**

\_\_\_\_\_  
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 FOR CREMATION & DISPOSITION

DECEDENT: \_\_\_\_\_ SEX OF DECEDENT: \_\_\_\_\_

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

I authorize Southland Crematory (CR #304) (the "Crematory") to cremate the body of the decedent named above (the "Decedent") in accordance with the Crematory's rules and regulations and State laws and regulations. We reserve the right to choose which Crematory that will be used. [NOTE: California law provides "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 the breach of such warranty."]

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that
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**INITIAL** on all applicable lines:

\_\_\_\_\_ I am making this authorization for myself.

\_\_\_\_\_ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).

\_\_\_\_\_ I am the surviving spouse of the decedent.

\_\_\_\_\_ I am the surviving California Registered Domestic Partner of the decedent.

\_\_\_\_\_ I am (We are) the surviving child (children- all or majority).  
\_\_\_\_\_ number of children. There being no surviving spouse/domestic partner.

\_\_\_\_\_ I am (We are) the surviving parent (parents).  
\_\_\_\_\_ Number of parents. There being no surviving spouse/domestic partner or children.

\_\_\_\_\_ I am (We are) all or a majority of the surviving sister(s) and brother(s).  
\_\_\_\_\_ Number of sisters and brothers. There being no surviving spouse/domestic partner, children, or parents.

\_\_\_\_\_ I am (We are) all or a majority of the surviving niece(s) and nephew(s).  
\_\_\_\_\_ Number of nieces and nephews. There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.

\_\_\_\_\_ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

\_\_\_\_\_ I certify that I have the legal right to authorize the cremation & control the disposition of the Decedent's remains.



- INITIAL** **Cremation Container.** The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a noncombustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.
- INITIAL** **Mechanical or Radioactive Devices.** Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains, which contain such a device.

*I certify that the remains of the Decedent*  
 (Place initials next to the correct statement)

DO  DO NOT  contain a mechanical or radioactive device.

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

\_\_\_\_\_

I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.  **INITIAL**

- Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials.** Items such as personal mementos, jewelry, dental gold and silver, prostheses and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber I authorize the Crematory to dispose of them.

**4. The Cremation Process.** I acknowledge the following: 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 that 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 interment 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.

**5. Time of Cremation.** The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule (unless a specific date and time is requested in section 9), and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed. The cremation process may take a minimum of 5 working days upon receipt of a signed Death Certificate from doctor. Initials  **INITIAL**

- Viewing of Remains.** In order to view the remains of the deceased, minimal preparation and charges may apply in order to do so.

I/WE desire to Identify or View the remains before cremation:

YES (Additional charges will apply)

(Staff will complete) Date of Viewing \_\_\_\_\_ Time of Viewing \_\_\_\_\_: \_\_\_\_\_ AM/PM

No I/WE DECLINE TO VIEW OR IDENTIFY DECEASED'S REMAINS

I/WE desire to Witness the cremation process:

YES (Additional charges will apply)

(Staff will complete) Date of WITNESS CREMATION \_\_\_\_\_

Time of WITNESS CREMATION \_\_\_\_\_: \_\_\_\_\_ AM/PM

I/WE DECLINE to witness the cremation process

**7. Weight Limits.**

I certify that the Decedent is under 300 lbs. **CHECK ONE**-YES  NO

(Note: Due to Air Quality Management District-AQMD restrictions and limitations on the cremation chamber, additional charges will be applied if deceased is over 300 lbs.)

**8. Disposition.** I authorize the Crematory to release the cremated remains back to the Funeral Home to take the action I've indicated below with respect to the cremated remains of the Decedent. For your convenience, we offer a minimum fiberboard urn to hold the cremated remains. **If you prefer you may supply your own urn or other container. Please note, however, that any container you provide should be durable and both leak- and break-resistant.**

Urn / Container Description for cremated remains: \_\_\_\_\_  
(Please fill in correct statement)

Deliver the remains to the following cemetery:

\_\_\_\_\_  
(Name, Address, and Telephone Number)

Release the remains to: \_\_\_\_\_  
(Name & Telephone Number)

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Home may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to \_\_\_\_\_  
(Name & Address)

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

\_\_\_\_\_ Scatter at sea in Pacific Ocean, non-witnessed, non-recoverable off the Coast of Orange County.  
***(Initials required only if this option was selected)***

[NOTE: I understand that the Funeral Home is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains. I agree that the Funeral Home shall not be liable for any failure by the service named above to properly scatter the remains.]

**9. Special Instructions.** Indicate special instructions below, including request to witness the cremation:

\_\_\_\_\_  
\_\_\_\_\_

**10. Obligation of Crematory; Limitation on Damages.** The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and costs of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

**SIGNATURES:**

The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

**WITNESS:**

PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

**SIGN**

\_\_\_\_\_

Date	Signature	Print Name	Relationship to Deceased
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Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date	Signature	Print Name	Relationship to Deceased
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Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date	Signature	Print Name	Relationship to Deceased
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Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date	Signature	Print Name	Relationship to Deceased
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Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Referring Mortuary: Arlington Mortuary

Arrangement Counselor Signature: \_\_\_\_\_

**For more information on Funeral, Cemetery, and Cremation matters contact:**  
State of California Department of Consumer Affairs / Cemetery and Funeral Bureau  
1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

# 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  
manner<sup>1</sup>: \_\_\_\_\_  
Manner, Location and Other Detail of Disposition

\_\_\_\_\_  
Attach additional pages if necessary  
Name of person(s) with the legal right to control disposition<sup>2</sup>: \_\_\_\_\_

**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.

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

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

**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)