

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: _____

GAVILAN HILLS CREMATORY

129 4th Street, Gilroy, California 95020 Phone 408-847-4040

AUTHORITY TO CREMATE AND REQUEST FOR DISPOSITION

I (We) the undersigned (the "Authorization Agent") subject to the rules and regulations of Gavilan Hills Crematory, hereby authorize and request to cremate or cause to be cremated and processed the remains of:

Name of deceased:

Address of deceased:

Container Type:

California law requires that the person entitled to control the cremation and disposition of a human remains be informed about the Cremation process and that their written authorization to cremate the decedent be obtained.

THE CREMATION PROCESS (PLEASE READ IT)

I/We acknowledge that the human body burns with the casket, container, or other material in the cremation chamber. Cremation is performed by placing the casket or alternative cremation container with the deceased in it into a cremation chamber where they are subject to intense heat and flame with the use of a suitable fuel. This reduces the body to its essential elements by incineration. It takes approximately 3 hours before all substances are burned or driven off. The remaining material consists primarily of bone fragments, which are not combustible at the incineration temperature. During the cremation the contents of the chamber may be moved to facilitate incineration. The chamber itself is composed of ceramic or other material which disintegrates slightly during each cremation. The product of the disintegration is commingled with the cremated remains. This is unavoidable. After a cooling period nearly all the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amounts of residue from previous cremations (which are unavoidable) are raked and swept out of the cremation chamber together. Once the contents of the cremation chamber are removed they are mechanically crushed, pulverized or ground to a consistency appropriate for disposition to facilitate inurnment or scattering.

Gavilan Hills Crematory makes a reasonable effort to remove all of the cremated remains from the chamber, but some residue will remain in the cracks and uneven places in the chamber. This residue cannot be removed through reasonable manual contact with sweeping of scraping equipment. Periodically the accumulation of the residue is removed and interred in a dedicated cemetery property in an unmarked area at Gavilan Hills Crematory's sole discretion, or scattered at sea. Gavilan Hills Crematory makes a reasonable effort to put all the cremated remains in a cremated remains container, but some residue from the cremated remains will remain on or in the cremation and processing equipment. Therefore not all of the cremated remains of your decedent will be returned or disposed of in the manner in which you instructed. (Section 7054.7 Health and Safety Code)

LEGAL DEFINITION OF AUTHORIZING AGENT – HEALTH AND SAFETY CODE SECTION 7100 CUSTODY AND DUTY OF INTERMENT

The right to control the disposition of the remains of a deceased person, including the location and conditions of interment, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of the remains devolves upon the following in the order named:

1. An agent under a power of attorney for health care.
2. The surviving spouse.
3. The surviving child or children of the decedent, provided that, in the absence of actual knowledge to the contrary, a funeral director or cemetery authority may rely on instruction given by a child or children who represent A: that they are the sole surviving child or children, B. that they constitute a majority of the surviving children. C. That they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instruction on the part of one half or more of all surviving children.
4. The surviving parent or parents of the decedent.
5. The person or persons respectively in the next degrees of kindred.
6. The public administrator when the deceased has sufficient assets.
7. Self.

DISPOSITION

Gavilan Hills Crematory is authorized to Release the Cremated Remains to Byrgan Cremation for disposition at



Initial

Place of disposition

AN ITEMIZED LIST OF CREMATORY SERVICES AND CHARGES WILL BE PROVIDED BY THE FUNERAL HOME FOR MORE INFORMATION ON CEMETERY AND CREMATION MATTERS CONTACT THE CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD. SUITE S-208, SACRAMENTO CA 95834 PHONE 916-574-7870

Name of Deceased:

I/We expressly give permission for the following:

1. The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations.(Section 7054.7 a 1 California Health and Safety Code.
2. The processing of the cremated remains so that they are suitable for inurnment within a cremated remains container.Section 7045.1, California Health and Safety code
3. I/We hereby acknowledge that if it is my/our intention to save any items of value from the deceased, including jewelry, mementos and dental gold, it is my/our responsibility to have them removed prior to the cremation.
4. I/We understand that any mementos or jewelry 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 container.
5. The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container as defined in Section 7006.6 Health and Code.
6. The crematory will accept only those human remains which are in a cremation container, as defined, which is labeled with the identity of the decedent. Section 8345.5 Health and Safety Code.
7. I/We warrant that said remains contain no pacemaker, explodable implant or radioactive material and is safe to cremate.
8. In the event of there being more cremated remains than the cremated remains container provided , or the urn
9. I/We have chosen, will hold, I/We direct Gavilan Hills Crematory to place the balance of the cremated remains into a secondary container and have it attached to the primary container in accordance with Section 8345, Health and Safety Code.
10. I/We hereby agree to protect and indemnify Gavilan Hills Crematory, or its assigns, against any claims or damages which may result on account of this authorization or my/our failure to properly identify or pick up said remains, including legal fees and costs and expenses of litigation. I/We declare under penalty of perjury that the foregoing is true and correct and that I/We make this statement to induce Gavilan Hills Crematory to cremate or cause to be cremated the remains of the decedent.
11. 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 have viewed the remains. In the event such remains have not been permanently interred or picked up by me/us or my/our agent designated for said purpose within one year, Gavilan Hills Crematory is hereby authorized to take whatever appropriate action for disposition as they may deem necessary. Section 7112 Health & Safety Code.
12. I/We have the legal right to control the disposition of the cremated remains as per Section 7100 of the Health and Safety Code.
13. The decedent has not given other directions for his/her disposition.
14. I/We have received a current copy of the Cremation Services Price List.

I/We have read and understand this Authorization to Cremate.

IDENTIFICATION OF REMAINS & AUTHORIZATION SIGNATURES

The remains were identified by _____ Date _____
By whom and method of identification

Date	Printed Name	Relationship	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, _____, an employee or representative of Byrgan Cremation do hereby acknowledge that I have provided the Authority to Cremate, Counselor's Name Order for Disposition and current Cremation Services Price List to the family members present and have given them a full opportunity to review it and have answered any questions they may have had relative to it.

Counselor's Signature Date

-----Mortuary use only-----

Jewelry Removed Yes ___ No ___ Embalmed Yes ___ No ___ Pacemaker Yes ___ No ___
Approximate Weight : _____ Infections Disease Yes ___ No ___ Urn Type: _____

Signature for transfer release (funeral home representative) Date Signature for transfer release (funeral home representative) Date

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

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

Name of Person Arrangements are for

In the possession of Byrgan Cremation 408-354-6200, will be cremated by
Gavilan Hills Crematory 408-847-4040 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 _____ Date _____
Person(s) with legal right to control disposition or Self, if prearranging

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

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 services:

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

Signed _____ Date _____
Funeral Director, Employee, or Agent for Funeral Establishment

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.

SERVICES FOR:

Authorization for Disposition with or without embalming

To: Byrgan Cremation (FD1743), 236 N. Santa Cruz Ave. S-107 Los Gatos, CA 95030 (408) 354-6200

RE:

I, _____ do _____ do not _____ request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment: Habing Family Funeral Home then returned for services. I understand I may be charged an additional fee for the transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed _____ Relationship:

Executed this ____ day of _____, ____ at City _____, State _____

To be completed by funeral establishment if Authorization to Embalm is obtained orally over the telephone.

The above statement of authorization and notification was read to _____, relationship _____,

who did ___ did not ___ authorize embalming at the Habing Family Funeral Home.

Date and time authorization granted: _____

Signature of funeral establishment representative accepting authorization. I declare under penalty of perjury that the foregoing is true and correct.

Signed _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, Byrgan Cremation, license number 1743 **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
916-574-787

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.