

CERTIFICATE OF DEATH

DECEDENT'S PERSONAL DATA	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.	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX
	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 (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)				
17. USUAL OCCUPATION --- 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	
	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)			
	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION					
41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY							EMBALMING REQUESTED	
CREMATION IN CALIFORNIA		BURIAL IN CALIFORNIA		BURIAL OUTSIDE OF CALIFORNIA		RETAIN AT RESIDENCE IN CALIFORNIA	YES NO	
RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		TRANSIT TO OUTSIDE OF CALIFORNIA		SCATTERING AT SEA		SCIENTIFIC USE		
OTHER _____								
PLACE OF DEATH	101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY		
	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER _____							

Decedent's City of Birth _____ Number of Certified Death Certificates requested _____

Informant's Information

Informant's Phone Number _____ Alternate number _____

Email address _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Decedent's Spouse Information

Decedent's Spouse Living ____ Deceased ____ Name _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Date of Death _____

Date of Marriage _____ Place of Marriage _____

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X _____ Date of signature _____



M i d g l e y
Gardenside Mortuary

Gentle Guidance Through The Storm
FD-1557

Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to **Midgley – Gardenside Mortuary**. I am the nearest next of kin to the decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, i.e., Gardenside Funeral Service, Inc., Midgley – Gardenside Mortuary, its agents, employees and representatives, the care facility, its agents, employees and representatives, and all other parties, of any and all liability.

This release also pertains to any personal belongings of the decedent.

X _____
Signature of Next of Kin

Printed Name of Next of Kin

Address

City State Zip

Phone Number

Email address, if available

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

13450 Paramount Blvd.
South Gate, CA 90280-8251
Phones: (562) 630-3886
(800) 795-0028
Fax: (562) 633-4745

www.midgleymortuary.com
midgleymortuary@aol.com



Disclosure of Preneed Funeral Arrangement

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 the 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 funded 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 (\$1,000.00), which ever 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
400 R Street, Suite 3080
Sacramento, CA 95814

(800) 952-5210
(916) 322-7737

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 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.

Exhibit 1
AUTHORIZATION FOR DISPOSITION
WITH OR WITHOUT EMBALMING



M i d g l e y
Gardenside Mortuary

Gentle Guidance Through The Storm
FD-1557

TO: _____ **Re:** _____

I, _____ do [] do not [] (check one) 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:

(Name and address of funeral establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

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

Signature: _____ **Relationship to deceased:** _____

Executed this _____ day of _____, 20____, at _____, _____.
(City) (State)

TO BE COMPLETED BY FUNERAL ESTABLISHMENT IF AUTHORIZATION TO EMBALM IS, AND NOTIFICATION TO TRANSPORT IS, OBTAINED ORALLY (BY TELEPHONE).

The above statement of authorization and notification was read to:

_____ **Relationship to deceased:** _____

who did [] did not [] (check one) authorize embalming at the above named funeral establishment.

City _____ **State** _____ **Phone** _____

Date and time authorization was granted: _____, 20____, at _____ hrs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____, _____.
(City) (State)

Funeral Home Representative
(Name MUST be signed, NOT typed or printed)

Note: Authority cited: Section 7606 and 7616, Business and Professions Code. Reference: Section 7606, Business and Professions Code.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person Arrangements are for

the possession of _____, will be cremated by
Name of Funeral Establishment and Telephone Number

_____ and shall be disposed of in the
Name of Crematory and Telephone Number

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

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.

California Department of Consumer Affairs, Cemetery and Funeral Bureau

www.dca.ca.gov/cemetery (Rev 3/2003)

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.

Original: To Be Retained by the Funeral Establishment

Copy: Attach to Purchaser's Copy of Contract

ROOSEVELT MEMORIAL PARK ASSOCIATION 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 authorizes Roosevelt Memorial Park Association, 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 the remains of:

Address of Deceased: _____

Delivered in a _____ container.

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.

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

_____ Self
_____ the _____ (state relationship) of decedent
_____ acting as the agent of _____ (state name of next of kin and provide notarized letter of authority)
_____ Funeral Director/Cemetery Authority **IF** no family members are surviving and decedent had a signed pre-need arrangement (a copy is required)

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration. Further, I acknowledge the following: "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." Section 7685.2(c)(2), Business and Professions Code.

(Initial ALL of the following *)

I do hereby give this explicit authorization to: Roosevelt Memorial Park Crematory (the "Crematory") to provide the following services, to wit I agree to pay the usual and customary fees.

- * _____ 1) I/we hereby acknowledge that I/we are responsible for the removal of any jewelry or mementos from the deceased before cremation.
- * _____ 2) I/we understand that items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any other foreign material placed in the cremation container with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the cremation chamber, I authorize their disposal.
- * _____ 3) The crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container and which is labeled with the identity of the decedent. (Section 7006.5, Health and Safety Code.) I authorize the Crematory to remove and dispose of handles, ornaments and all other non combustible material of the cremation container.
- * _____ 4) 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 Roosevelt Crematory 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, Health & Safety Code.

IMPLANTS, MECHANICAL & RADIOACTIVE DEVICES, DANGEROUS ARTIFACTS:

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremated any remains which contain such a device.

- * _____ 5) I certify that the remains of the Decedent do not contain a mechanical device or that I have arranged for their removal and disposal prior to delivery to the Crematory.
- * _____ 6) I certify that the container of the Decedent does not contain any bullets, bottles, cans or other dangerous artifacts.

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." (Section 7054.7 of the California Health and Safety Code)

- * _____ My/our initials at the left indicate my knowledge that this is page 1 of 2 of the cremation authorization and that both pages, together, constitute a complete authorization.

* _____ My/our initials at the left indicate my knowledge that this is page 2 of 2 of the cremation authorization and that both pages, together, constitute a complete authorization.

DISPOSITION: I authorize you to take the action I/we have indicated below with respect to the decedent's cremated remains.

* _____ 7) Release the remains to: _____
For the following disposition: _____
Place cremated remains in a _____ urn.

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 (90) days of the date of death, they shall be considered abandoned by me. Roosevelt Memorial Park Association is authorized to dispose of them in any legal manner. I/we hereby agree to indemnify, release and hold Roosevelt Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection and disposition of the cremated remains of the deceased. I understand that Roosevelt Memorial Park Association cremation services responsibilities are limited to the performance of the cremation of the deceased, herein named.

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU, 400 R STREET, SUITE 3080, SACRAMENTO, CA 95814. (916) 322-7737

X

_____ Date _____ Signature _____ Relationship _____

FUNERAL DIRECTOR: _____
_____ Address _____ Phone _____
_____ City and State _____

I.D. NUMBER _____
_____ Signature of Director in Charge _____

CREMATION NO. _____

SEE OTHER SIDE FOR EXPLANATION OF TERMINOLOGY TOTAL CHARGES DUE \$ _____

RETURN WHITE AND YELLOW COPY TO THE CEMETERY **DATE** _____