

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 _____



Midgley 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.