

# CERTIFICATE OF DEATH

<b>DECEDENT'S PERSONAL DATA</b>	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		
<b>USUAL RESIDENCE</b>	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)				
<b>SPOUSE AND PARENT INFORMATION</b>	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		YES    NO		
RETAIN AT RESIDENCE IN CALIFORNIA		CREMATION OUTSIDE OF CALIFORNIA		SCATTERING AT SEA				
RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		TRANSIT TO OUTSIDE OF CALIFORNIA		RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY				
OTHER _____				SCIENTIFIC USE				
<b>PLACE OF DEATH</b>	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**

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**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)

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**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.

Mortuary to receive the Human Remains of \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Jetport \_\_\_\_\_

I/We don't have a mortuary at the destination. By checking the box below, we authorize Midgley Gardenside Mortuary to select the funeral home/mortuary of their choice to receive the Remains and direct all services in the destination city.