



COAST CITIES CREMATIONS
 2781A Loma Vista Rd. 5949 Hollister Avenue #E
 Ventura, CA 93003 Goleta, CA 93117
 FD-1773 FD-2226
 Phone: (805) 648-4100 Fax: (805) 648-4107

ORDER FOR RELEASE

TO: _____

I CERTIFY THAT I AM THE NEXT OF KIN PURSUANT TO SECTION 7100, HEALTH & SAFETY CODE, STATE OF CALIFORNIA, OR AM A RELATIVE OR DPOA ACTING AS THE AGENT FOR THE NEXT OF KIN AND IT IS MY LEGAL RIGHT TO NOMINATE A FUNERAL/CREMATORY TO TAKE CHARGE OF THE BODY OF:

 (Name of deceased)

I/WE AUTHORIZE RELEASING THE BODY OF THE DECEASED TO:

COAST CITIES CREMATIONS - GOLETA & VENTURA

AUTHORIZING PERSON'S INFORMATION:

Print Name: _____

Relationship: _____ Telephone: _____

Address: _____
 (Number & Street) (City or Town) (State) (Zip Code)

➔ Signature (X) _____ Date _____

IF THE AUTHORIZING PERSON IS NOT THE NEXT OF KIN, SIGN ABOVE AND EXPLAIN BELOW WHY THE NEXT OF KIN IS NOT MAKING THE ARRANGEMENTS:

WITNESS INFORMATION:

Witness Name _____

Relationship/Organization _____

Witness Signature _____ Date Signed _____



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AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Coast Cities Cremations
(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.
Person with legal right to control disposition

I understand that for storage or embalming purposes the decedent may be transported to the following location:

Coast Cities Crematory, 3953B Transport Street, Ventura, CA 93003
(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: (X) _____, 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)



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DECLARATION FOR DISPOSITION OF CREMATED REMAINS

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

in the possession of Coast Cities Cremations (805) 648-4100, will be cremated by
Name of Person arrangements are for
 Name of Funeral Establishment and Telephone Number

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

(Note 1): _____
Manner, Location, and Other Details of Disposition

Attach additional pages if necessary
 Name of person(s) with legal right to control disposition (Note 2): _____

Signed (X) _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed (X) _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed (X) _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed (X) _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

Name of person(s) contracting for cremation services: _____

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

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

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.



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Cremation # _____
 NOT VALID UNTIL COUNTERSIGNED BY COAST CITIES CREMATIONS DBA COAST CITIES CREMATIONS, INC.
 Contract for Cremation, Cremation authorization and disposition instructions
 The Authorizing Agent, as identified herein, and Coast Cities Cremations enter into this contract on the terms and conditions set forth below.

1. IDENTIFICATION OF DECEDENT

→ NAME: _____ AGE: _____ SEX: _____ WT: _____
 DATE OF DEATH: _____ PLACE OF DEATH _____ CAUSE: _____

Authorizing Agent has identified the human remains that were delivered to the funeral home as the decedent, and have authorized Coast Cities Cremations for the cremation.

2. AUTHORITY OF AUTHORIZING AGENT

Authorizing Agent represents that the following person is named the agent of durable power of attorney for healthcare: _____

→ Authorizing Agent hereby represents that the decedent left the following survivors heirs at law:

Self _____ Spouse _____ No. of Children _____ Father _____ Mother _____ No. of Siblings _____

If the decedent is not survived by spouse, children, parents, or siblings, the person(s) in the next degree of kinship to the decedent is (are): _____

Based on the foregoing, Authorizing Agent is the individual (or individuals) legally authorized according to the laws of the State of California to execute this contract and to arrange for the cremation and disposition of the cremated remains of the decedent. Authorizing Agent is aware of no objection to this cremation by any spouse, child, parent or sibling of the decedent. If any other living person who has the right to control the final disposition has not been notified, Authorizing Agent represents that reasonable efforts have been made to give such person notice, and that Authorizing Agent has no reason to believe that such person would object to the cremation of the decedent.

3. IMPLANTS

Mechanical, silicon, or radioactive implants or devices in the decedent may create a hazardous condition when placed in a cremation chamber. All such devices which are or may be hazardous or explosive must be removed prior to cremation. Authorizing Agent represents to Coast Cities Cremations that the decedent's remains do not contain a pacemaker, prosthesis, radioactive implant or any other device that could be hazardous or explosive. To the extent that such devices were present, Authorizing Agent has instructed their removal. Authorizing Agent understands that mechanical prosthesis, pins and other implants which may be present at cremation may be removed from cremated remains after cremation, unless otherwise designated by Authorizing Agent to return all non-human materials to the urn. To return all non-human materials, please initial: _____

→ Does decedent have any hazardous or explosive devices? YES _____ NO _____ If yes, please remove. Initial Here _____

4. AUTHORIZATION

The Authorizing Agent hereby authorizes and requests Coast Cities Cremations to cremate the human remains of the decedent and to arrange for the final disposition of the cremated remains as set forth in this contract, in accord with subject to its rules and regulations, and any applicable state or local laws or regulations. Coast Cities Cremations is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instruction.

5. DISPOSITION

After the cremation has taken place and the cremated remains have been processed, the processed remains will be placed in a plastic urn, unless a different type of urn is designated here: _____

→ The Authorizing Agent hereby instructs Coast Cities Cremations to release the cremated remains as follows (check one only):

_____ Release the cremated remains to the following designated person:

NAME _____ ADDRESS _____

RELATIONSHIP _____ FOR THE FOLLOWING DISPOSITION _____

MAIL REMAINS TO: _____ VIA U.S. POSTAL SERVICE
 OTHER _____

_____ RELEASE TO COAST CITIES CREMATIONS FOR SCATTERING AT SEA OF FTHE COAST OF VENTURA COUNTY

The Authorizing Agent understands that if no arrangements for final disposition, release or transfer of the cremated remains are specified in this contract, or if the arrangements are not carried out within 90 days of the decedent's date of death, Coast Cities Cremations is authorized to arrange for final disposition at a licensed cemetery as required by law. Such final disposition may be accomplished by burial in a common and/or unmarked grave, possibly making the remains nonrecoverable. If the remains are mailed, Authorizing Agent agrees that Coast Cities Cremations if acting solely as my agent in mailing the remains, and agrees that Coast Cities Cremations shall not be liable if the remains are lost or damaged. Initial Here: _____

6. LIMITATION OF LIABILITY

Authorizing Agent hereby agrees to indemnify, defend, and hold Coast Cities Cremations, its officers, agent and employees, of and from any and all claims, demands, cause or causes of action, suits of every kind, nature and description, in law or equity including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the Authorizing Agent to properly identify the human remains transmitted to Coast Cities Cremations, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the Authorizing Agent or designee to take possession of or make proper arrangements for the final disposition of the decedent or the decedent's cremated remains, or any other action performed by Coast Cities Cremations, its officers, agents or employees, pursuant to this authorization, excepting only acts of gross negligence on the part of Coast Cities Cremations.

7. Signature of Authorizing Agent

I/We further acknowledge that I/We have read the following statement: "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 amount 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).

By executing this contract as Authorizing Agent, the undersigned warrants that all representations and statements contained in this contract are true and correct, that these statements were made to induce Coast Cities Cremations to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained in this contract and its exhibit.

→ EXECUTED AT _____, Dated this _____ day of _____, _____ (City, State) (Date) (Month) (Year)

→ NAME: _____ SIGNATURE: (X) _____
 RELATIONSHIP TO DECEDENT: _____ ADDRESS: _____

NAME: _____ SIGNATURE: (X) _____
 RELATIONSHIP TO DECEDENT: _____ ADDRESS: _____

(FOR CREMATORY USE ONLY)

Person who delivered remains to crematory _____ Type of casket or container used _____
 Day/Date/Time of delivery of remains _____ Type of urn or container used _____
 Operator in charge of cremation _____ Date of cremation _____
 Person removing cremated remains from Coast Cities _____ Date/Time of removal _____

For more information on funeral, cemetery and cremation matters, contact:
 Cemetery and Funeral Bureau, Dept. of Consumer Affairs
 1625 North Market Blvd., Suite S-208
 Sacramento, CA 95834 (916) 574-7870



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Disclosure of Preneed Funeral Agreement

The funeral establishment, Coast Cities Cremations, license number FD _____, **DOES** _____, **DOES NOT** _____ (check one)
 (funeral establishment name)

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 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



 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.



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Deceased Name _____
Date of Arrangement _____
Purchaser Name _____
Purchaser Address _____
Purchaser Phone Number _____

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

CHARGES FOR SERVICES SELECTED

Direct Cremation\$ 695.00
Basic Services of Funeral Director and Staff\$ _____
Transportation within or outside our county service area\$ _____
Priority, rush cremation service.....\$ _____
Use of licensed refrigeration holding facility.....\$ _____
Crematory Fee.....\$ _____
Delivery of cremated remains to local residence or cemetery.....\$ _____
Packaging & shipping of cremated remains.....\$ _____
Common scattering of cremated remains at sea.....\$ _____
Use of Facility & Staff for Viewing or Witness Cremation.....\$ _____
Equipment & Staff for Graveside Service.....\$ _____
Pacemaker removal fee - required by crematory.....\$ _____
Other.....\$ _____
Total Charges for Services Selected.....\$ _____

CHARGES FOR MERCHANDISE SELECTED

Cremation Urn (Description) _____ \$ _____
Other _____ \$ _____
Total Charges for Merchandise Selected.....\$ _____

CASH ADVANCES (We charge you for our services in obtaining: specified cash advanced items)

Certified Copies of Death Certificate # _____ @ \$21.00 each \$ _____
Other _____ \$ _____
Total Charges for Cash Advances.....\$ _____

Summary

Total Services Selected.....\$ _____
Total Merchandise Selected.....\$ _____
Total Cash Advances.....\$ _____
Sales Tax.....\$ _____

Grand Total

Less Credits and/or Payments.....\$ _____
Less Payment in Cash/Credit Card/or Check # _____ \$ _____

Balance Due

.....\$ _____

DISCLOSURES: If any legal, cemetery, or equipment has required the purchase of any of the items listed above, we will explain the requirement.:

WARRANTY: The only warranty on the merchandise sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This facility makes no warranty of merchantability and an implied warranty of fitness for a particular purpose, with respect to any merchandise purchased.

ACKNOWLEDGEMENT AND AGREEMENT: I hereby acknowledge that I have the right to arrange the final services for the deceased names on this Statement, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List. **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.**

TERMS OF PAYMENT: Our fees are due and payable prior to completion of services. If any payment is not paid at time of arrangement, an unanticipated late charge of 1.5% per month on the unpaid balance will be due. I agree to pay the Balance Due listed on the Statement, plus any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this statement, and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement of Funeral Goods and Services Selected.

PURCHASER SIGNATURE(S)

➔ SIGNATURE(X) _____ Date _____
SIGNATURE(X) _____ Date _____

ACCEPTANCE: This establishment agrees to provide all services, merchandise, and cash advances indicated on this Statement.
Coast Cities Cremations Representatives Signature _____