



COAST CITIES CREMATIONS

Phone: (805) 648-4100

Fax: (805) 648-4107

2781A Loma Vista Rd.

5380 Overpass Rd. Ste. G

Ventura, CA 93003

Goleta, CA 93111

FD-1773

FD-2226

VITAL STATISTICAL INFORMATION REQUIRED FOR THE DEATH CERTIFICATE

Name _____
First Middle Last

Male _____ Female _____ Birth Date _____ Birth State _____
(U.S. State or Foreign Country)

Social Security # _____ Marital Status _____
(Married, Never Married, Divorced, Widowed)

Served in US Armed Forces? Yes _____ No _____ Unk _____ Years of Education _____
(Highest Level Completed/Degree)

Race: Caucasian _____ African American _____ Black _____ Mexican American _____ Mexican _____

Other (Up to 3 races may be listed): _____

Primary Occupation _____ Years in Occupation _____
(Type of work most of life. **DO NOT USE RETIRED.**)

Kind of Business or Industry _____
(E.g.: grocery store, road construction, employment agency, etc.)

Decedent's Residence _____ Years in _____
(Number & Street) (City or Town) (State) (Zip Code) County _____

Name of Surviving Spouse _____
(If **WIFE**, please provide **MAIDEN** name)

Father's Name _____ Birth State _____
(U.S. State or Foreign Country)

Mother's Name _____ Birth State _____
(Please provide **MAIDEN** name) (U.S. State or Foreign Country)

Name of Informant or Person in Charge: _____

Relationship _____ Telephone _____

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

CHARGES: I understand that the charges for Coast Cities Cremations are due and payable prior to completion of services. Further, the information listed above is spelled correct and is accurate to the best of my knowledge.

➔ **Signed** (X) _____ Date _____

COURTESY PLACEMENT OF DEATH NOTICE IN LOCAL NEWSPAPER (Please circle one): Y N



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ORDER FOR RELEASE

TO: _____
(Place of passing. E.g.: Hospital, Nursing home, Hospice agency)

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)

➔ Signed **(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 _____



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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.

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 _____, 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) _____

Name of Person arrangements are for

in the possession of Coast Cities Cremations (805) 648-4100, will be cremated by

Name of Funeral Establishment and Telephone Number

Coast Cities Crematory (805) 648-4100, and shall be disposed of in the following manner (Note 1):

Name of Crematory and Telephone Number

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 _____

Person(s) with legal right to control disposition to Self, if pre-arranging

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

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

Signed _____

Person(s) contracting for cremation services

Date _____

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 Authorization, Disposition Instructions, and Contract for Cremation

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: _____

2. AUTHORITY OF AUTHORIZING AGENT

The authorizing agent, in accordance to Code 7100.1 of the CA HSC, is the individual(s) legally authorizing the cremation and disposition. Code 7110 of the CA HSC states: "Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from breach of such warranty."

Authorizing Agent hereby represents that the decedent left the following survivors heirs at law:
DPOA _____ Spouse _____ No. of Children _____ Parent(s) _____ No. of Siblings _____

Authorizing Agent is aware of no objection to this cremation by any surviving heir 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 & RADIOACTIVE DEVICES

Mechanical, 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, radioactive implant or any other battery operated device that could be hazardous or explosive. To the extent that such devices were present, Authorizing Agent has instructed their removal.

Does decedent have any hazardous or explosive devices? **INITIAL HERE: NO** _____ **YES** _____ **If yes, please remove.**

Items such as mementos, jewelry, dental appliances, or dental gold/silver, prostheses and any other foreign materials placed in the cremation chamber with the decedent and cremated will either be destroyed or rendered unrecognizable. Authorizing Agent understands that mechanical prosthesis, pins and other implants which may be present at cremation may be removed from cremated remains and disposed of after cremation, unless otherwise designated by Authorizing Agent to return all non-human materials to the urn. To return all non-human materials, **Initial Here:** _____

4. DISPOSITION

(INITIAL ONE ONLY) The Authorizing Agent hereby instructs Coast Cities Cremations to release the cremated remains as follows:

_____ Release the cremated remains to the following designated person:
NAME _____ ADDRESS _____
RELATIONSHIP _____ FOR THE FOLLOWING DISPOSITION _____

_____ RELEASE REMAINS TO COAST CITIES CREMATIONS FOR SCATTERING AT SEA OFF THE COAST OF VENTURA COUNTY (WITHOUT FAMILY PRESENT)
MAIL REMAINS TO: _____ VIA U.S.P.S.

If the remains are mailed, Authorizing Agent agrees that Coast Cities Cremations is 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.

The Authorizing Agent understands that if the cremated remains are not picked up within 90 days of the decedent's date of death, Coast Cities Cremations is authorized to deliver the remains to a licensed cemetery for disposition as required by law. This is accomplished by burial in a common and/or unmarked grave, possibly making the remains non-recoverable.

5. AUTHORIZATION OF CREMATION

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.

6. LIMITATION OF LIABILITY

Authorizing Agent hereby agrees to indemnify, defend, and hold Coast Cities Cremations, its officers, agents 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, accepting 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."(Code 7054.7 (b)(c) of the CA HSC). 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 Code 8345 of the CA HSC.

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)

SIGNED X _____ PRINTED NAME: _____

RELATIONSHIP TO DECEDENT: _____ ADDRESS: _____

SIGNED: X _____ PRINTED NAME: _____

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\$ 795.00
 Transportation within or outside our county service area\$ _____
 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.....\$ _____
 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)

SIGNED X _____ Date _____
SIGNED X _____ Date _____

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