

## Vital Statistics Information

The following required information is needed for a State of California "Death Certificate" and must be accurate. All questions pertain to the person that you are providing us with information about. Please print and answer all questions completely. If the answer is not known - print "Unknown". If the question is not applicable - print "NA". A birth certificate, marriage certificate or Veterans form VA DD214 discharge-separation form, may be helpful.

1. **First Name** (legally as listed on birth certificate or passport)
2. **Middle Name** (legally as listed on birth certificate or passport)
3. **Last Name** (legal married name, if single-as listed on birth certificate)
4. **Date of Birth** - enter month, day, year as 00/00/0000
5. **Current Age**
6. **Sex** - select from drop down list
7. **City of Birth**
8. **State of Birth** - if foreign country - enter country
9. **Social Security Number**
10. **Military Service** - select from drop down list
11. **Hispanic** – select from drop down list
12. **Hispanic Specify** – Mexican, Nicaraguan, Chilean, Guatemalan, etc
13. **Marital Status** – select from drop down list
14. **Education** – number of years or degree in dropdown list
15. **Race** - White, Black, American Indian, East Indian, Asian, etc.
16. **Employer** - (during working life) last or longest employer
17. **Primary Occupation** (during working life) as relates to #16
18. **Kind of Business** (during working life) as relates to #16
19. **Number of Years in Occupation** (during working life) accumulative
20. **Current Residence Address** (number and street only) No P.O. Box
21. **City of Residence**
22. **County of Residence**
23. **ZIP Code**
24. **Number of Years Lived in County of Residence**
25. **State of Residence or Foreign Country**

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26. <b>First Name of Informant</b> – person supplying this information	26.
27. <b>Middle Initial of Informant</b>	27.
28. <b>Last Name of Informant</b>	28.
29. <b>Relationship</b> (to person you are making arrangements for)	29.
30. <b>Mailing Address of Informant</b>	30.
31. <b>City of Informant</b>	31.
32. <b>State and Zip Code of Informant</b>	32.
33. <b>Phone Number of Informant</b> (include Area Code)	33.
34. <b>First Name of Surviving Spouse</b>	34.
35. <b>Middle Name of Surviving Spouse</b>	35.
36. <b>Last Name</b> (surviving husband) <b>or Maiden Name</b> (if surviving wife)	36.
37. <b>Father's First Name</b> (of the person arrangements are for)	37.
38. <b>Father's Middle Name</b>	38.
39. <b>Father's Last Name</b>	39.
40. <b>Father's State of Birth</b> (or country if outside USA)	40.
41. <b>Mother's First Name</b> (of the person arrangements are for)	41.
42. <b>Mother's Middle Name</b>	42.
43. <b>Mother's Maiden Last Name</b>	43.
44. <b>Mother's State of Birth</b> (or country if outside USA)	44.
45. <b>Name of Attending Physician</b>	45.
46. <b>Disposition</b> - select from drop down list	46.
47. <b>Name of Cemetery you have property in or will purchase in</b>	47.
48. <b>Cemetery City &amp; State</b>	48.
49. <b>Cemetery Phone Number</b>	49.
50. <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Today's Date as Jan. 4, 2004</span>	50.

## Disclosure of Preneed Funeral Agreement

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 any 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 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  
400 R Street, Suite 3080  
Sacramento, CA 95814  
916-322-7737

**SIGN HERE**

\_\_\_\_\_  
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.

# BYRGAN CREMATION & BURIAL

236 N. SANTA CRUZ AVE, #107

LOS GATOS, CA 95030

BYRGAN.COM

TELEPHONE: 408.354.6200

FAX: 408-354-7689

FD 1743

## RELEASE FOR TRANSFER

**THIS IS YOUR AUTHORIZATION TO RELEASE THE REMAINS OF:**

\_\_\_\_\_

**TO BYRGAN CREMATION & BURIAL FOR TRANSFER TO THEIR HOLDING FACILITY.**

**PLEASE NOTE THAT WE DO NOT ACCEPT ANY PERSONAL OR VALUABLE ITEMS FOR TRANSFER, PLEASE HOLD THESE ITEMS FOR THE FAMILY.**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**COUNTY OF DEATH:** \_\_\_\_\_

**CORONER'S CASE NUMBER [OFFICE USE]:** \_\_\_\_\_

**NOTE: IF THE DECEASED IS AT THE SANTA CLARA COUNTY CORONER'S OFFICE, YOU MUST COMPLETE THEIR RELEASE OF REMAINS FORM AVAILABLE ON OUR WEBSITE.**

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

TO: **BYRGAN & COMPANY OF LOS GATOS** (Funeral Establishment Name)

RE: \_\_\_\_\_ (Decedent)

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:

Bay Area Mortuary Service, 2175 Stone Ave #3, San Jose, CA 95125  
(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 decedent.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_



Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at City \_\_\_\_\_ State \_\_\_\_\_

**To be completed by funeral establishment if Authorization to Embalm and Notification to Transport is Obtained Orally (by Telephone):**

The above statement of authorization and notification was read to \_\_\_\_\_,

Relationship \_\_\_\_\_, who did \_\_\_\_\_ did not \_\_\_\_\_ (check one) authorize embalming

at the above named funeral establishment, City \_\_\_\_\_, State \_\_\_\_\_,

Phone \_\_\_\_\_. Date and time authorization granted: \_\_\_\_\_.

Signature of funeral establishment representative accepting authorization.

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

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_

(S) \_\_\_\_\_