

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**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.

Vital Statistics Information - page 2

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

26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41.
42.
43.
44.
45.
46.
47.
48.
49.
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 embalm-

ing 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) _____

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/ We hereby declare (my remains) or (the remains of) _____ in
the possession of _____, will be cremated by
_____ and shall be disposed of in the
_____ following manner (note 1): _____

Name of Person Arrangements are for

Name of Funeral Establishment and Telephone Number

Name of Crematory and Telephone Number

Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (note 2): _____

Signed _____ **Date** _____

Person(s) with legal right to control disposition or Self, if prearranging

SIGN HERE

Signed _____ **Date** _____

Person(s) with legal right to control disposition

Signed _____ **Date** _____

Person(s) with legal right to control disposition

Signed _____ **Date** _____

Person(s) with legal right to control disposition

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

Signed _____ **Date** _____

Person(s) contracting for cremation services

Signed _____ **Lic #** _____ **Date** _____

Funeral Director, Employee, or Agent for Funeral Establishment If Funeral Director

Note 1: See Health and Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health and Safety Code Sections 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.

California Department of Consumer Affairs, Cemetery and Funeral Bureau www.dca.ca.gov/cemetery

(Rev 3/2003)

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.

Original: To Be Retained by the Funeral Establishment

Copy: Attach to Purchaser's Copy of Contract

AUTHORIZATION TO CREMATE

Subject to the terms of this Authorization to Cremate and the Rules and Regulations of the Alta Mesa Memorial Park, the undersigned hereby authorizes and directs Alta Mesa Improvement Company ("Alta Mesa") to cremate or cause to be

cremated at Alta Mesa Memorial Park the remains of: _____

("Deceased") who died at _____ on _____.

The Cremation Process: 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 amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate interment 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.

I specifically authorize Alta Mesa to do the following: (1) Proceed with the cremation process as generally described above, including the incidental and unavoidable commingling of cremated remains of one cremation with the cremated remains of previous cremations; (2) Make a reasonable effort to recover all metal remaining after the cremation process, to discard casket metal or prostheses and to save the remaining metal, including any jewelry or tooth fillings. I understand that if it is my intention to have any items on the Deceased saved, it is my responsibility to remove them before cremation.

Disposition of Cremated Remains: I hereby authorize and direct Alta Mesa to make the following disposition of the cremated remains of the Deceased (**INITIAL ONE**):

1. _____ Hold at Alta Mesa Memorial Park for further instructions.
2. _____ Interment at Alta Mesa Memorial Park. I understand that if interment of the cremated remains is to be at Alta Mesa Memorial park, I must make separate arrangements with Alta Mesa for that interment.
3. _____ Release to: Byrgan Cremation & Burial, 236 N. Santa Cruz Ave #107, Los Gatos, CA 95030
 - a. _____ For interment at the following Cemetery: _____
 - b. _____ For lawful disposition other than in a Cemetery at: _____
 - c. _____ For lawful scattering at sea.
4. _____ Ship by United States Mail to the following Cemetery: _____

I agree that Alta Mesa's services have been fully completed when the remains leave Alta Mesa's custody and control.

Fees for Cremation Services: I agree to pay Alta Mesa _____ Dollars (\$ _____) for the cremation services performed by it pursuant to this Authorization to Cremate. This amount is itemized as follows: Cremation Services Fee: \$ _____; Cremation Viewing Fee: \$ _____; Chapel Use Fee: \$ _____; Misc.: _____ \$ _____; Total; \$ _____.

I agree to pay the above amount by the date required by Alta Mesa. If I do not pay this amount by the date required by Alta Mesa I agree to pay interest on the amount past due at the rate of _____% per year from the date the amount was due until the date it is paid, but in no event will the rate of interest exceed the maximum rate of interest allowed by law. I agree that any unpaid interest will be compounded monthly and bear interest at the rate specified above from the date due until the date it is paid.

CREMATION NUMBER

DECEASED: _____

Certification and Warranties: I hereby certify and warrant as follows: (1) The truthfulness of all facts set forth in this Authorization to Cremate; (2) The identity of the Deceased sought to be cremated pursuant to the Authorization to Cremate is as set forth in this Authorization to Cremate; (3) I am the person as described in Section 7100 (a) of the Health and Safety Code of the State of California as set forth below, that has the right to control disposition of the remains of the Deceased; and (4) The remains of the Deceased delivered to you contains no pacemaker or other explodable implants and are safe to cremate. I declare under penalty of perjury that the foregoing is true and correct and that I have made these statements to induce Alta Mesa to cremate or cause to be cremated the remains of the Deceased.

Section 7100 (a) of the Health and Safety Code of the State of California provides as follows:

The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:

- (1) An agent under a power of attorney for health care.
- (2) The competent surviving spouse.
- (3) The sole surviving competent adult child of the decedent, or if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children. However, less than the majority of the surviving competent adult children shall be vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving competent adult children of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult children.
- (4) The surviving competent parent or parents of the decedent.
- (5) The sole surviving competent adult sibling of the decedent, or if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.
- (6) The surviving competent adult person or persons respectively in the next degrees of kinship.
- (7) The public administrator when the deceased has sufficient assets.

Miscellaneous: I agree to protect, indemnify and defend Alta Mesa from and against claims, losses and liabilities, including attorney's fees and costs, resulting or related to any services performed by Alta Mesa under this Authorization to Cremate, If Alta Mesa commences any action or proceeding to enforce, interpret or defend and provision of this Authorization to Cremate, I agree to pay to Alta Mesa all reasonable attorneys' fees and costs incurred by Alta Mesa in the action or proceeding. This Authorization to Cremate is effective only when completed and signed by me and accepted by Alta Mesa.

Executed at _____, California, this _____ day of _____, _____

Signature

Print Name and Relationship

Signature

Print Name and Relationship

Signature

Print Name and Relationship

Charges paid by or billed to Funeral Director:

Byrgan Cremation & Burial
236 N. Santa Cruz Ave #107
Los Gatos, CA 95030
Phone: 408-354-6200
License Number: FD 1743
Donald R. van Straaten, FDR 654

Accepted by Alta Mesa Improvement Company

By: _____

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT:

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
CEMETERY AND FUNERAL BUREAU
1625 NORTH MARKET BLVD., SUITE S-208
SACRAMENTO, CA 95834
TELEPHONE: (916) 574-7870

Date Recd: _____

Time Recd: _____

Date Cremated: _____

Time Cremated: _____

CREMATION NUMBER

www.dca.ca.gov/cemetery