



Forms may be returned via | Fax: 619-550-3610 | Email: trinityfuneral@att.net

*Decedent Information Form*  
(Please print or type)

Decedent Name – First:		Middle:		Last:		
AKA:			Date of Birth:		Gender:	
Birth State or Country:	Social Security Number:	U.S. Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status: M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> NM <input type="checkbox"/> SRDP <input type="checkbox"/>		Date of Death:	Time of Death:
Education (Grade or Degree):		Hispanic / Spanish / Latino? If yes, what nationality?		Race (List up to 3):		
Usual Occupation (Do not use Retired):		Kind of Business / Industry:			Years in Occupation:	
Decedent's Residence Address:						
City:	County:	Zip Code:	Years in County:	State / Country:		

Informant Name – First:		Last:		Relationship:	
Informant Mailing Address:					
City:		State:		Zip Code:	

Name of Surviving Spouse – First:		Middle:		Last (Maiden):	
Dec. Father Name – First:	Middle:	Last:		Birth State / Country:	
Dec. Mother Name – Name:	Middle:	Last (maiden):		Birth State / Country:	

Name of person in charge of arrangements:		Relationship:		Phone:		Email:	
Mailing Address:				City:		State:	Zip Code:

To the best of my knowledge the above information is true and correct. I authorize Trinity Funeral Services to use this information to complete the State required Death Certificate. **I understand that information left blank will be completed by Trinity Funeral Services as unknown.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CREMATION CONTRACT AND AUTHORIZATION FOR CREMATION AND DISPOSITION**  
**CREMATION SERVICES INC. 2570 FORTUNE WAY SUITE D VISTA, CA 92081**

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT CONTRACT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL, READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/We are the legal next of kin and have the full legal right in accordance with Health & Safety Code Section 7100 to authorize the cremation, processing, and disposition of the remains of:

\_\_\_\_\_ (Deceased Name & Address Street City State Zip)

\_\_\_\_\_ (Herein after referred to as the "Decedent").

I/We hereby request and authorize Trinity Funeral Services 3914 Murphy Canyon Rd. #A238 San Diego, CA 92123  
(Name and address of contracting Funeral Home / Mortuary)

(Herein after referred to as the "Funeral Home") acting as my/our agents to take possession of and make arrangements for the cremation of the remains of the Deceased at Cremation Services Inc. Vista, CA crematory (herein after referred to as the "Crematory").

Standard Urn     Description of urn or container selected: \_\_\_\_\_

**Final Disposition**

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/WE hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

**Additional Services Requested**     Witness Cremation     ID viewing     Other Describe \_\_\_\_\_

Release to family \_\_\_\_\_

(Name(s) of designated family member(s) to receive remains)

Scattering at sea by Funeral Home or Funeral Home's Agent

Other \_\_\_\_\_

The cremation process and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations, and policies of the Crematory, and the following terms and conditions.

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant cremation container or casket. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container or casket prior to cremation. The deceased will be cremated with any personal belongings that are received by the crematory with the body of the deceased. **The Crematory will not be responsible for the loss of belongings, prostheses, and or implanted devices that are not removed from the body prior to transport or that accompany the body during transport.** In the event the remains of the Deceased are received by the Crematory in a plastic casket or a container constructed of noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We authorize the Crematory to dispose of any such noncombustible casket in any lawful manner it deems appropriate. (An additional disposal fee may apply)
2. Due to advances in medical technology the remains of some decedents may contain medical devices containing radioactive material and or ferrous and nonferrous materials. Examples of these devices are pacemakers, artificial joints, screws, plates, dental fillings, dental bridges, and other foreign material. These devices may not be consumed in the cremation process and/or pose a safety hazard to the crematory operator. The Crematory after cremation may remove and dispose of such ferrous and nonferrous metal objects prior to final processing and the return of the processed cremains to the authorizing authority. In addition, the Crematory periodically cleans crematory equipment surfaces and adjacent floor areas of cremation processing residue and dust created during the cremation process. This material is retained in a dedicated container and periodically scattered.  
**Note:** Pacemakers and or other radioactive devices must be removed prior to receipt of the remains by the Crematory. I/We HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED **DO** \_\_\_\_\_ **DO NOT** \_\_\_\_\_ CONTAIN ANY TYPE OF PACEMAKER OR OTHER RADIOACTIVE DEVICE. (PLEASE INITIAL ONE)  
List all implanted devices: \_\_\_\_\_
3. A person having the right to control the 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. Unless an urn or cremated remains container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a cremated remains container. If the cremated remains container cannot accommodate all the 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.
4. I/We understand that: Cremation means the reduction of the body of the deceased person by incineration and necessary processing. "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 and 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 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"

**Time of Disposition**

- 5. The cremation and processing of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. The crematory will perform the cremation at its discretion and according to its time schedule.
- 6. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Authorizing Authority will be notified by certified mail at the informant address indicated on the Application and Permit for Disposition of Human Remains. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 30 days after the date such written notification is mailed, that the Crematory is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner.
- 7. I/We agree to indemnify, release and hold the Crematory its agents, employees and assigns, harmless from any and all loss, damages, liability, or cause of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or My/Our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, to take possession of, or make permanent arrangements for the disposition of such remains. No Warranties expressed or implied are made and damages shall be limited to the cremation fee paid.
- 8. Payment: Unless prior arrangements have been made, payment is due before the cremation is performed. All returned checks will be subject to a \$25 handling charge. Delinquent invoices are subject to a late fee of 1.5 % per month on the outstanding balance. Should legal action be required in connection with the collection of any amount due from the Authorizing Authority, the Authorizing Authority agrees to pay reasonable attorney fees, collection costs, and all court costs incurred with any such proceeding. The Authorizing Authority agrees to pay all collection, storage, and disposition costs associated with the Authorizing Authority's failure to claim remains within statutory limits or to make prompt payment.
- 9. Entire Agreement: This Contract contains the entire agreement and understanding between the parties, and merges, and supersedes all prior representations and discussions pertaining to the Contract. Any changes, exceptions, or different terms and conditions proposed by the Authorizing Authority are hereby rejected. This agreement shall be interpreted under the laws of the State of California. Venue for any action brought by either party to enforce any terms of this agreement shall be in San Diego County, at the option of Cremation Services Inc.
- 10. The following documents are incorporated into this contract by reference: Declaration for Disposition of Cremated Remains, and Statement of Funeral Goods and Services Selected.

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

I/We warrant that all representations and statements made herein are true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Print**

Address \_\_\_\_\_  
**Street City State Zip**

Relationship to Deceased \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Print**

Address \_\_\_\_\_  
**Street City State Zip**

Relationship to Deceased \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Contracting Funeral Home Representative**

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

White - Crematory Copy

Yellow - Funeral Home Copy

Pink - Family Copy Rev 01/20/2016

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in

Name of Person arrangements are for

the possession of TRINITY FUNERAL SERVICES 619-344-0875, will be cremated by

Name of Funeral Establishment and Telephone Number

Cremation Services Inc. 760-727-8906

Name of Crematory and Telephone Number

and shall be disposed of in the following

manner (Note 1): \_\_\_\_\_

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** \_\_\_\_\_

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** \_\_\_\_\_

Funeral Director, Employee, or Agent for Funeral Establishment

Lic. # \_\_\_\_\_

If a Funeral Director

**Date** \_\_\_\_\_

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

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: TRINITY FUNERAL SERVICES  
(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:

NOT APPLICABLE  
(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)

## Disclosure of Preneed Funeral Agreement

The funeral establishment, TRINITY FUNERAL SERVICES,  
(funeral establishment name),  
license number FD 1618, **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  
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.