

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:			1		Date of Birth	1:			Gender:	
Birth State or Country:	State or Country: Social Security Number: U.S. Milit Yes			7 Service: No	Marital Status: Dat		Date of	Death:	Time of Death:	
Education (Grade or De	gree):	Hispanic	: / Spanish	ı / Latino? If yes, wh	at nationality?	Race (List u	ıp to 3):			
Usual Occupation (Do not use Retired):				Kind of Business / Industry:			Years in Occupation:			
Decedent's Residence A	ddress:									
City: County:		Zip Code:			Years in County: State / Country:		y:			
Informant Name – First: Last: Relati					Relationship:					
					•					
Informant Mailing Addr	ess:									
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.

TRINITY FUNERAL SERVICES BURIAL CONTRACT AND AUTHORIZATION 3914 Murphy Canyon Rd. Suite A 238 San Diego CA 92123 FD 2144, 333 H St. Suite 5000 Chula Vista CA FD 2248

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 transport, storage, preparation for, viewing, church service, burial, scientific use, or for shipping, 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 (Herein after referred to as the "Funeral Home") acting as my/our agents to take possession of and make arrangements for the burial of the remains of the deceased.

Final Disposition

I/We understand that the services and obligations of Trinity Funeral Services shall be fulfilled when the remains of the Deceased are delivered to a local cemetery, facility for scientific use or to an air carrier for shipment.

1. The remains of the Deceased will not be accepted unless received by Trinity Funeral Services, in a leak resistant container or casket. Trinity Funeral Services 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.

Time of Disposition

- 2. The actual burial of the remains requires documents to be filled with a State Health Department that contain personal information provided by the authorizing authority and physician. Trinity Funeral Services will file these documents in a timely manner. However delays in filing due to a lack of required information, failure of the physician to provide the cause of death in a timely matter, or delays at the health department are beyond Trinity Funeral Services control.
- 3. I/We agree to indemnify, release and hold Trinity Funeral Services, 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 disposition of the Deceased, as authorized herein. No Warranties expressed or implied are made and damages shall be limited to the burial fee paid.
- 4. Payment: Unless prior arrangements have been made, payment is due at the time of service. All returned checks will be subject to a \$25 handling charge. 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.
- 5. 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 Trinity Funeral Services.
- 6. The following documents are incorporated into this contract by reference: Disclosure of Preneed Funeral Agreement, Authorization to Accept or Decline Embalming, and Statement of Funeral Goods and Services Selected.

Address

Time

8. Internment at Cemetery: Date

7. Name of Cemetery or receiving Mortuary

SIGNATURE OF PERSON(S) AUTHORIZING BURIAL

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

Phone#

Trinity Funeral Services Burial Directive

Name of Decedent:		
Name of Contact Person	n:	
Phone Number:		
Name, Address, and Ph	one Number of Cemetery:	
Date and Time of Servio	ce at Cemetery:	
Signed:	Relationship:	Date:
Notes:		

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _ (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:

(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 _____, at _____.

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 ____,

(City and State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)

12-AUTH (rev. 11/14)

Disclosure of Preneed Funeral Agreement

The funeral establishment,	Trinity Funeral Services	
license number <u>FD</u>	(funeral establishment _, DOES, DOES NOT	name) (check one) have a preneed arrangement, as
defined below, made by or		
	(name of dece	edent)
If the funeral establishm	ent <i>does have</i> a preneed aç	greement, complete the following:
presented to the person	named below a copy of any	Section 7745, the funeral establishment has preneed agreement which has been signed and ased and is in the possession of the funeral
	ment 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.

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• 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.