



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

Trinity Funeral Services
Burial Directive

Name of Decedent:

Name of Contact Person:

Phone Number:

Name, Address, and Phone Number of Cemetery:

Date and Time of Service 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 _____.
(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, **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.