

# Simply Remembered

CREMATION CARE  
FD2113 FD2339

36 W. Calle Laureles, Santa Barbara, CA 93105  
2030 Viborg, Solvang, CA 93463  
(805) 569-7000

To: Simply Remembered Cremation Care

I, the undersigned, hereby request registration with Simply Remembered Cremation Care and instruct the organization to cause the body of the individual to be picked up, after death has been medically established, and to cause said body to be cremated after the issuance of a cremation permit from the local County Health Department.

## STATISTICAL DATA REQUIRED FOR ISSUANCE OF DEATH CERTIFICATE

First Name Middle Name Last Name

AKA: \_\_\_\_\_ Sex: \_\_\_\_\_

Race(s): \_\_\_\_\_ Spanish/Hispanic? \_\_\_\_\_  
(if yes, which?)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birth state/country: \_\_\_\_\_ Military Veteran? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birth state/country: \_\_\_\_\_  
First Middle Last

Mother's Maiden Name: \_\_\_\_\_ Birth state/country: \_\_\_\_\_  
First Middle Maiden

Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Education: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  
First Middle Last Maiden

Usual Residence: \_\_\_\_\_  
Street address

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years in the County: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_ Number of years in Occupation: \_\_\_\_\_

Name of Person in Charge of Arrangements: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I have reviewed the statistical information above and agree to hold Simply Remembered harmless in the event that the information provided is later shown to be inaccurate.

**Signature:** \_\_\_\_\_ Date \_\_\_\_\_

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
the possession of Simply Remembered Cremation Care (805) 569-7000, 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

**FINAL RESTING PLACE:** \_\_\_\_\_

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 to Self, if pre-arranging

**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 a Funeral Director

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: Simply Remembered Cremation Care  
(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:

Refrigerated Storage Facility in Santa Barbara  
(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 Santa Barbara, CA.  
(Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative (Signature)

## Disclosure of Preneed Funeral Agreement

The funeral establishment, Simply Remembered Cremation Care,  
(funeral establishment name)  
license numbers FD2113/FD2339, **DOES** \_\_\_\_\_, **DOES NOT** X (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.



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(805) 569-7000
www.simplyremembered.com

Authorization for Cremation and Disposition of Human Remains

NOTE: This is an important legal document which you should read carefully before signing. If you have any questions please ask your Cremation Counselor and/or for more information on Funeral, Ceremony and Cremation matters, contact the California Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916) 574-7870

The cremation process is performed according to California law. There can be no allowance for ethnic or religious variation. Subject to the rules and regulations of \_\_\_\_\_ Crematory and any applicable Federal, state, local laws or ordinances the undersigned hereby certifies, warrants and represents that I/we have the full legal right and authority to authorize \_\_\_\_\_ Crematory (hereafter referred to as the "Crematory") to perform the cremation of the remains of:

Form fields for (First Name), (Middle Name), (Last Name), (Decedent's Usual Address), and Approx. Weight.

Place of Final Disposition \_\_\_\_\_

Funeral Home handling the Arrangements: Simply Remembered Cremation Care (hereafter referred to as the "Funeral Home")

Casket/Container: The Crematory requires either a casket or an "alternative cremation container" (cardboard container). All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that there is leakage or damage the Crematory may contact the Funeral Home directly for instructions. Metal, plastic or fiberglass caskets and alternative cremation containers will not be allowed to be cremated. The crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but are not limited to, hinges, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition form.

Casket or cremation container selected: Cardboard Urn selected: Plastic

Pacemakers, pain pumps, prostheses and radioactive devices: Pacemakers, pain pumps and prostheses, as well as mechanical or radioactive devices or implants in the decedent may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants and are not instructed to remove them, then the person authorizing the cremation will be held responsible for any damages caused to Crematory personnel and/or equipment by such devices or implants. By initialing this paragraph, I/we give permission to the staff of the Crematory or Funeral Home to remove the surgical hardware as referenced above prior to the cremation. The Funeral Home and/or Crematory are authorized to dispose of the device(s) as deemed appropriate.

Implant or Prostheses(circle): YES NO If yes, Type(s): \_\_\_\_\_ (Initial)\_\_\_\_\_

**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 chamber. During the cremation the contents of the chamber may be shifted to facilitate incineration. The chamber is composed of ceramic or other materials which may disintegrate slightly and the product of that disintegration is comingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, the disintegrated chamber material and small amounts of residue from previous cremations, are removed together and crushed, pulverized or ground to facilitate interment. Some residue remains in the seams and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with state laws. The acknowledgement shall be filed and retained for at least five years by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver or jewelry (as well as dental bridgework and prostheses) that are left with the Decedent and are not removed from the casket or cremation container prior to the cremation, may be destroyed and become non-recoverable or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such items prior to the cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible) such as dental bridgework, prostheses and materials from the casket such as hinges and latched, etc., will be separated from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these with similar materials from other cremations, so that only human bone fragments will remain. There may be a small amount of non-combustible material that the Operator may not visibly see and place in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain unrecognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

(Initial) \_\_\_\_\_

**Disposition of Cremated Remains:** I/we authorize the Crematory to release the cremated remains of the Decedent to the custody of the Funeral Home. I/we understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/we understand that in the event the cremated remains have not been permanently interred or picked up by me or my designee within 20 days of the cremation, the Funeral Home is authorized to lawfully dispose of the unclaimed remains of the Decedent as stated below: **(Choose One)**

(Initial) \_\_\_\_\_ **Release to:** \_\_\_\_\_  
(List all who are authorized to pick up the cremated remains from the Funeral Home)

(Initial) \_\_\_\_\_ **Deliver** remains to: \_\_\_\_\_

(Initial) \_\_\_\_\_ **Ship:** I appoint the Funeral Home as my Agent to make shipment of said remains via the U.S. Postal Service. I understand that the Funeral Home assumes no responsibility after delivery to the U.S. Post Office.  
Ship To: \_\_\_\_\_

**Authorizing Agent:** An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to California Health and Safety Code Sec. 7100 in the following order: Decedent; An Agent under Power of Attorney for Healthcare; Spouse or Registered Domestic Partner; Adult children; Parents; Other surviving adult Kin. By signing this Authorization for Cremation and Disposition, I/we acknowledge and agree that I/we have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible and I/we nevertheless desire that the Decedent's remains be cremated in accordance with this Authorization. I/we agree to indemnify, release and hold the Crematory, the Funeral Home, their affiliates employees and assignees harmless from any and all losses, damages, cos or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein including, but not limited to, any delay in or damage arising from the transportation of the human remains or cremated remains of the Decedent and liability and causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/we warrant that all representations and statements made herein are true and correct. I/we have either identified or waived my/our rights of identification of the remains of the Decedent that were delivered to the Funeral Home as the Decedent and I/we have authorized the Funeral Home to deliver the Decedent to the Crematory.

Executed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Signature of Authorized Agent** \_\_\_\_\_ Relationship \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

(Initial) \_\_\_\_\_ Memorial Services/Masses, Etc.: Factors in the Cremation process, beyond the control of Simply Remembered, can occur that may delay the return of the ashes to the family. These may include, but are not limited to, Physician or Coroner paperwork, approvals from the County Health Department and shipping delays. DO NOT schedule Memorial events without first checking with the Funeral Director.

**Policies, Procedures and Requirements of the Crematory**

**REQUIREMENTS FOR CREMATION:** Cremation will take place only after all of the following conditions have been met:  
1. Any scheduled ceremonies or viewings have been completed 2. The remains have been delivered to the Crematory.  
3. Civil and medical authorities have issued all required permits 4. All authorizations have been obtained and no objections have been raised.

**SOLE CREMATIONS:** All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent.

**FINAL DISPOSITION:** Cremation is NOT final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and the volume usually ranges between 150 and 200 cubic inches. Some provision must be made for the final disposition of these cremated remains. Placing them in temporary invaultment at the company is not final disposition.

(Initial) \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR:**

By executing this Authorization for Cremation, Disposition Instructions, and Service Contract for Cremation, as a licensed Funeral Director, I warrant to the best of my knowledge the following:

1. The Company indicated below was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that we have reviewed this contract with the Authorizing Agent(s).
2. That no member of our company has any knowledge of information that would lead us to believe that any of the information provided in the contract by the Authorizing Agent(s) is incorrect.
3. That the human remains delivered to the Crematory and represented as the human remains specified on this contract are in fact the human remains that were identified to our company as the Decedent.
4. That our Company obtained all necessary permits authoring the cremation of the Decedent, and that those permits are attached.

Dan Flynn, Lic.# FDR 4149  
Licensed Funeral Director

Simply Remembered Cremation Care  
Company

**Crematory Acceptance:** (This contract is of no force or effect until accepted and countersigned by authorized agent of the Crematory)

The crematory Accepts and agrees to the terms of this contract: \_\_\_\_\_ (Date) \_\_\_\_\_ (By)

Person who deliver remains to Crematory: \_\_\_\_\_ Cremated Remains delivered to: \_\_\_\_\_

Type of casket or container: \_\_\_\_\_ Cremated Remains Delivered by: \_\_\_\_\_

Type of urn or container: \_\_\_\_\_ Day/Date/Time of Delivery: \_\_\_\_\_

Day/Date/Time of Delivery of Remains: \_\_\_\_\_ Cremation #: \_\_\_\_\_

Date of Cremation: \_\_\_\_\_ Operator: \_\_\_\_\_

Times(s) of Cremation: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ Weight: \_\_\_\_\_

# Simply Remembered

## CREMATION CARE FD 2113 & FD2339

36 W. Calle Laureles, Santa Barbara, CA 93105  
 2030 Viborg, Solvang, CA 93463  
 (805) 569-7000  
 www.simplyremembered.com

### Contract and Statement for Goods and Services

**Name of Deceased:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Direct Cremation Service Package** (includes the following) **\$ 995.00**

1) Basic services of Funeral Director and staff 2) One-Technician transportation of the deceased to our local care facility 3) Standard refrigeration and sheltered care 4) Procuring attending Physician/Coroner signatures 5) Processing and filing of Certificate of Death and Health Department Disposition Permits 6) Alternative cremation container, standard cremation, release of cremated remains in the standard plastic urn in our office

**Disposition Options** (please Select One)

\_\_\_\_ Release of cremated remains at Simply Remembered Office Included  
 \_\_\_\_ Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Services** (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Merchandise** (List) \_\_\_\_\_ \$ \_\_\_\_\_

**State/County Regulated "Cash Advance" Items**

Certified Copies of Death Certificate _____ @ \$21.00		\$ _____
DCA Fee (CA Dept. of Consumer Affairs) 8.50		Included
Disposition Permit (County Health Dept.) 1 @ 12.50		Included
Other _____		\$ _____

250 + lbs. additional crematory fee	@\$200	\$ _____
Coroner's Office Transportation fee	@\$100	\$ _____
Viewing/Witnessed Cremation fee	@\$500	\$ _____
Domestic Shipping of Cremated Remains	@\$100	\$ _____
Additional Mileage (\$3.00 per mile outside of area)		\$ _____
Residential Pick up (requires a second Technician)	additional \$50.00	\$ _____
	Merchandise total	\$ _____
	Sales Tax on Merchandise 8.75%	\$ _____
	Regulated "Cash Advance" items	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

The Federal Trade Commission rule for "Cremation/Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask you to read and verify:

I do hereby attest that I was offered/given a General Price List and a Casket Price List, effective 3/1/2018, prior to discussing prices, services or merchandise. I was NOT told that embalming was required by law, nor that the law requires a casket for cremation. I was told that state law DOES NOT require the purchase of any of the goods and services I selected except as set forth above. I received a copy of the Consumer Guide to Funeral & Cemetery Purchases. I confirm that I have examined the above stated items and found them correct and that prior to signing this statement, I reviewed and approved a completed copy of this statement. I also confirm that I have been informed of my right to select services as I desire.

\_\_\_\_\_  
**Signature of Purchaser**

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Date





**Santa Barbara County Sheriff-Coroner**  
**Coroner's Bureau**  
 66 S. San Antonio Road  
 Santa Barbara, California 93110  
 (805) 681-4145  
 (805) 681-4308 FAX

**Coroner Fee Amount: \$100.00**  
 (Per S. B. Co. Ordinance # 4412)

***ORDER TO RELEASE***

Santa Barbara County Sheriff-Coroner, Coroner Bureau:

I certify that I am the legal next of kin, pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the legal next of kin and it is my legal right to nominate a funeral director to take charge of the remains of:

\_\_\_\_\_, Deceased.

Therefore, please release the remains of the above mentioned deceased to: **Simply Remembered Cremation Care**

Funeral Director: Dan Flynn, Lic. # FDR 4149 Address: 36 W. Calle Laureles

Telephone: ( 805 ) 569-7000 Fax: ( 805 ) 569 - 7006

upon completion of the Coroner's investigation of the death of said deceased.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) Date Signed: \_\_\_\_\_

*If not next of kin, please sign above and explain why the next of kin is not handling the arrangements:*

*This section shall be completed and signed when the person authorizing has been named to execute the last will and testament or by a non-relative, when no assets are involved.*

I, \_\_\_\_\_ bearing no relationship to the above named deceased, having executed the above authorization; do hereby assume full responsibility for the costs of all funeral services in connection therewith of the above name funeral director.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) Telephone: ( )

**Personal identification of authorizing person made by funeral director through the following means:**

Driver's License  
 (Number & State): \_\_\_\_\_  Other (Specify): \_\_\_\_\_

Signed: \_\_\_\_\_ Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) Date Signed: \_\_\_\_\_