

Simply Remembered

CREMATION CARE

FD 2113

FD 2339

36 W. Calle Laureles, Santa Barbara, CA 93105

2030 Viborg, Suite 111, Solvang, CA 93463

(805) 569-7000 ph. / (805) 569-7006 fax

www.simplyremembered.com

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. I acknowledge that this information will be used for creation of the Death Certificate, as well as a Death Notice to be published in the Newspaper.

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

Name of Crematory and Telephone Number

Manner, Location and Other Details of Disposition

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 number 202113800HU, **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.

AUTHORIZATION FOR CREMATION AND DISPOSITION

DECEASED: _____
FUNERAL HOME: _____

SEX OF DECEDENT: _____

I authorize All Caring Cremations, or Cremation Centers of California (if deceased is over 250lbs), (the "Crematory"), to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains.

[NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment of cremation. **He or she is personally liable for all damaged occasioned.**

CHECK **CHECK CORRECT RELATIONSHIP**

- ___ I am making this authorization for myself.
- ___ I am the Agent und a Durable Power of Attorney for Health Care
(attach a copy of the Durable Power of Attorney for Health Care)
- ___ I am the surviving spouse of the decedent.
- ___ I am the surviving Registered Domestic Partner of the decedent.
- ___ I am (We are) the surviving child (children- all or majority)
 ->-> ___ **number of children** There being no surviving spouse/domestic partner)
- ___ I am (We are) the surviving parent (parents)
 ->-> ___ **number of parents** There being no surviving spouse/domestic partner or children.
- ___ I am (We are) all or a majority of the surviving sister(s) and brother(s)
 ->-> ___ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents.
- ___ I am (We are) all or a majority of the surviving niece(s) and nephew(s)
 ->-> ___ **number of nieces and nephews** There being no surviving spouse/domestic partner,
 children, parents, sisters, and brothers.
- ___ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as
 defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

INITIAL **I certify that the remains of the Decedent DO _____ DO NOT _____ contain a mechanical or radioactive device.**

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

INITIAL **INITIAL** _____ I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory cannot cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs, another crematory may be used, and additional charges will apply.

INITIAL **I certify that the Decedent is under 250 lbs. YES _____ NO _____**
(Note: If NO, an additional charge may apply)

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and ll loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and siposition of the cremated remains as authorized herein, or the failure to properly identify the Deceadent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

INITIAL CORRECT DISPOSITION BELOW

Disposition: I authorize the Crematory to take the action I've indicated below with respect to the cremated remains.

Release the remains to: Funeral Home _____
or Authorized Person(s) _____ Telephone _____

[NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Crematory may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to: _____
(Name & Address) **ADDITIONAL FEE FOR MAILING WILL APPLY**

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.]

Scatter at sea via the Crematory off the Coast of San Diego **ADDITIONAL FEE FOR SCATTERING WILL APPLY**

[NOTE: I understand that the Crematory is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains.]

Cremation Container. The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. I authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a non-combustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, jewelry, dental gold and silver, hinges, latches, nails, screws, staples, plates, metal prosthesis or implants and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as a metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. All proceeds from recycling are donated to a local charitable organization.

The Cremation Process. I acknowledge the following: 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 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 Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule, and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

For more information on Funeral, Cemetery, and Cremation matters contact: State of California Department of Consumer Affairs / Cemetery and Funeral Bureau 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

SIGNATURES: The following persons authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original.

SIGN

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF FUNERAL HOME OR CREMATORY, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE OR IF NO PHOTO ID WITH SIGNATURE, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

DATE SIGNATURE PRINT NAME RELATIONSHIP TO DECEDENT

ADDRESS PHONE NUMBER

Funeral Home Witness _____

Simply Remembered CREMATION CARE

FD 2113

FD 2339

36 W. Calle Laureles, Santa Barbara, CA 93105
2030 Viborg, Suite 111, Solvang, CA 93463
(805) 569-7000 ph. / (805) 569-7006 fax
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) **\$ 1,450.00**

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 and release of cremated remains in the standard container in our office.

Disposition Options

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 @ \$250-\$550 \$ _____

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 \$ _____

TOTAL **\$ _____**

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 3/1/2019, 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: _____