

RIVERSIDE COUNTY

CHAD BIANCO, SHERIFF
CORONER-PUBLIC ADMINISTRATOR



Sheriff

CORONER-PUBLIC ADMINISTRATOR

800 S. REDLANDS AVE, PERRIS, CA 92570

Rubidoux Mortuary Kimberly Family Chapel
6091 Mission Boulevard
Riverside, California 92509
(951) 683-2215
FAX (951) 489-0607

INDIGENT CREMATION/BURIAL PROGRAM

The Riverside County Indigent Cremation/Burial Program is designed to help families who, at this difficult time are financially unable to pay for a funeral. The county has chosen direct cremation without services simply to streamline the costs. The amount loaned is not to be considered as a supplement to funds already available to the family or decedent for funeral arrangements.

Upon approval pricing is determined by current pricing subject to change and area location currently as follows:

Area One - \$500.00

Area Two - \$625.00

Area Three - \$875.00

Area One: West of Cabazon to the Riverside County Western County Line and South to the San Diego County Line

Area Two: East of Whitewater area to Riverside County Eastern County Line Including Desert Center and South to San Diego County Line

Area Three: Desert Center east to county line including the Blythe Area

Rubidoux Mortuary is the contract mortuary for the County of Riverside. Please return the completed applications directly to them. **All applications must include proof of the applicant's income and most recent bank statement, if any.** Incomplete applications or applications without the attachments may not be considered.

If the applicant has received donations, if there is an insurance policy or any other benefits that would pay for the decedent's disposition. DO NOT APPLY. If the decedent is an infant, both parents must sign the cover sheet, sign the application and provide proof of income and residency of the application may be denied.

THIS IS A LOAN. YOU ARE EXPECTED TO REPAY THE COUNTY OF RIVERSIDE PUBLIC ADMINISTRATOR UNTIL THE LOAN IS PAID IN FULL. IMMEDIATELY UPON APPROVAL, YOU WILL RECEIVE A LETTER ADVISING YOU OF THE AMOUNT OWED AND WHEN AND WHERE YOU SHOULD SEND YOUR PAYMENT. IF AFTER SIX MONTHS, NO PAYMENT IS RECEIVED BY THE COUNTY, YOUR ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.

Please mark the appropriate box for re-payment, which is most suitable for your needs:

_____ \$50.00 per month until paid in full.

_____ \$25.00 per month until paid in full.

_____ \$10.00 per month until paid in full.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

CO-APPLICANT'S NAME (PRINT)

CO-APPLICANT'S SIGNATURE

DATE

DATE

**APPLICATION FOR INDIGENT
CREMATION/BURIAL**

1. DECEDENT'S NAME _____ SOC.SEC. _____

DECEDENT'S ADDRESS _____

BIRTHDATE _____ PLACE _____ D.O.D. _____

CAUSE OF DEATH _____ LOCATION OF REMAINS _____

MARITAL STATUS: MARRIED () DIVORCED () WIDOWED () NEVER MARRIED ()

DECEDENT WEIGHT _____

VETERAN: YES () NO () SERVICE/BRANCH _____ # _____

2. DECEDENT'S EMPLOYER _____ MONTHLY INCOME _____

OTHER SOURCE OF INCOME: _____ MONTHLY
INCOME _____

(SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

NUMBER OF DEPENDENTS: _____

3. SAVINGS: YES () NO () BALANCE _____ CHECKING: YES () NO () BALANCE _____

NAME OF BANK BRANCH _____ LOCATION _____

DECEDENT'S NAME _____

4. REAL PROPERTY:

OWN: YES () NO () MONTHLY PAYMENT _____ RENT: YES () NO ()

MONTHLY PAYMENT _____ LOCATION: _____
(STREET, CITY ST. ZIP)

5. VEHICLES: YES () NO () LOCATION _____

REGISTRATION NO. _____ MAKE _____ MODEL _____

6. OTHER ASSETS: (CASH, CHECKS, ETC.)

7. LIFE INSURANCE YES () NO () IF YES, NAME OF COMPANY _____

FACE VALUE _____ POLICY # _____

DECEDENT'S NAME _____

**NEXT-OF-KIN
PROOF OF INCOME MUST BE ATTACHED**

1. APPLICANT'S NAME _____ RELATIONSHIP TO DECEDENT _____

BIRTHDATE _____ SOC. SEC. # _____ TELEPHONE NO. _____

ADDRESS _____
(STREET) (CITY) (ST) (ZIP CODE)

CO-APPLICANT'S NAME _____ RELATIONSHIP TO DECEDENT _____

BIRTHDATE _____ SOC. SEC. # _____ TELEPHONE NO. _____

ADDRESS _____
(STREET) (CITY) (ST) (ZIP CODE)

2. APPLICANT'S EMPLOYER _____ MONTHLY INCOME _____

OTHER SOURCE OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME _____

(SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

INCOME VERIFICATION _____
MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT

NUMBER OF DEPENDENTS: _____

CO- APPLICANT'S EMPLOYER _____ MONTHLY INCOME _____

OTHER SOURCE OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME _____

(SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

INCOME VERIFICATION _____
MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT

NUMBER OF DEPENDENTS: _____

3. APPLICANT'S SAVINGS: YES () NO () BALANCE _____ CHECKING: YES () NO ()
BALANCE _____

NAME OF BANK BRANCH _____ LOCATION _____

DECEDENT'S NAME _____

SAVINGS ACCOUNT NO. _____ CHECKING ACCT NO. _____

4. APPLICANT'S REAL PROPERTY:

OWN: YES () NO () MONTHLY PAYMENT _____ RENT: YES () NO () MONTHLY PYMT _____

LOCATION: _____

(STREET, CITY ST. ZIP)

MORTGAGE COMPANY _____ BALANCED OWED _____

APPROXIMATE VALUE _____

CO- APPLICANT'S REAL PROPERTY:

OWN: YES () NO () MONTHLY PAYMENT _____ RENT: YES () NO () MONTHLY PYMT _____

LOCATION: _____

(STREET, CITY ST. ZIP)

MORTGAGE COMPANY _____ BALANCED OWED _____

APPROXIMATE VALUE _____

5. APPLICANT'S VEHICLES

MAKE/MODEL	YEAR	LICENSE NO.
_____	_____	_____

CO-APPLICANT'S VEHICLES

MAKE/MODEL	YEAR	LICENSE NO.
_____	_____	_____

6. ANY OTHER ASSETS: YES() NO ()

IF YES, EXPLAIN:

7. ANY ADDITIONAL NEXT OF KIN: YES () NO () IF YES, GIVE NAME AND RELATIONSHIP:

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

DECEDENT'S NAME _____

MORTUARY RUBIDOUX MORTUARY

NAME OF FUNERAL DIRECTOR/COUNSELOR JENNIFER RUBENSTEIN TAUNYA KIMBERLY

DOES APPLICANT AGREE TO CREMATION: () YES () NO

IF NO PLEASE EXPLAIN: _____

TOTAL COST OF FUNERAL \$ 500.00 \$625.00 \$875.00 \$ _____
DOES NOT INCLUDE COST OF SCATTERING OR SHIPPING CREMAINS

VA CEMETERY INCLUDED () YES () NO

SHOULD THE DECEDENT EXCEED A WEIGHT OF 300 LBS. AN ADDITIONAL CHARGE OF \$5.00 PER POUND WILL BE ADDED. THIS ADDITIONAL FEE IS THE RESPONSIBILITY OF THE NEXT OF KIN SIGNING THIS FORM.

I HAVE BEEN INFORMED OF MY REPORTING RESPONSIBILITIES AND OF MY RIGHT TO APPEAL TO THE COUNTY OF RIVERSIDE CONCERNING THE DISPOSITION OF THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE AND CORRECT. I/WE AGREE TO REPAY ANY AND ALL AID ADVANCED TO ME BY THE RIVERSIDE COUNTY BOARD OF SUPERVISORS UNDER DIVISION 9, PART 5, OF THE WELFARE AND INSTITUTIONS CODE OF THE STATE OF CALIFORNIA.

DATE

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

APPLICANT'S REPRESENTATIVE

ORDER FOR RELEASE

FACILITY NAME: _____

DECEDENT: _____

The above facility is ordered to release the above named decedent to:

Rubidoux Mortuary-Kimberly Family Chapel.

The undersigned represents that he/she has the legal right to control the disposition of the remains of the above named decedent.

Print Name: _____

Signature: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____



SHERIFF-CORONER
COUNTY OF RIVERSIDE

CHAD BIANCO
SHERIFF-CORONER

CORONER BUREAU - WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570
PHONE: 951-443-2300
INVESTIGATIONS FAX: 951-443-2303
MORGUE FAX: 951-443-2322

CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201
PHONE: 760-863-8311
FAX: 760-863-7031
MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: _____, Deceased - Coroner File # 20__ - _____

REQUEST FOR RELEASE OF REMAINS

I certify that, pursuant to Section 7100, Health and Safety Code, State of California, that it is my legal right to control the disposition of the remains of the above named decedent. I hereby request that you release the remains in your custody to:

RUBIDOUX MORTUARY 6091 Mission Blvd Riverside CA 92509 (951) 683-2215
Name of Funeral Director/Mortuary Mailing Address, City, State, Zip Telephone Number

The person signing this request is liable for all damages caused by any untruthful statements contained in this document (Health and Safety Code Section 7110). It is also a criminal offense to forge or knowingly file a false statement with a government agency (Penal Code Sections 115 and 470).

X PRINT NAME _____ SIGN _____
X RELATIONSHIP _____ X DATE SIGNED _____
X ADDRESS _____ X CITY / STATE _____
X TELEPHONE NUMBER _____

PERSONAL PROPERTY ADVISEMENT

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

[] I elect to pick up the personal property from the Sheriff-Coroner within the ninety-day period. I understand that property not picked up within the time period will be disposed of. Call to make an appointment for release.

PRINT NAME _____ SIGN _____

FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED THE TAG # _____ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

PERSONAL PROPERTY CLOTHING
INITIAL INITIAL

REPRESENTATIVE SIGNATURE
PRINT NAME

RELEASED BY: DATE/TIME
NAME / TITLE

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: RUBIDOUX MORTUARY
(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:

RUBIDOUX MORTUARY, 6091 MISSION BLVD, RIVERSIDE, CA 92509
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

X Signed: _____, Relationship to Decedent: _____

X 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)

AUTHORIZATION FOR CREMATION AND DISPOSITION

I/We, the undersigned, certify, warrant, and represent that I/We have the full legal right and authority to authorize the cremation, processing, and disposition of X
(hereinafter referred to as the "Deceased") X

(Last known address of deceased)

Subject to the rules and regulations of Evergreen Memorial Park, you are hereby authorized and directed to cremate or cause to be cremated the remains of the Deceased.

Standard cremation time from drop off to pick up is 5 business days.

Funeral Home: RUBIDOUX MORTUARY

Address: 6091 MISSION BLVD, RIVERSIDE, CA 92509 Phone: (951) 683-2215

Day of Cremation: _____ Date: _____ Time: _____

Urn or Container Description: _____ Cremation Number: _____

Disposition

I authorize Evergreen Memorial Park to do the following: **MAILING IS AN ADDITIONAL FEE THROUGH FUNERAL HOME**
(Initial Only One Statement)

_____ / _____ / _____ Release said remains to the possession and custody of the Funeral Home for disposition as follows: _____

~~_____ / _____ / _____ Release said remains to family or responsible person: _____~~

~~_____ / _____ / _____ Interment of said remains in Evergreen Memorial Park: _____~~

~~_____ / _____ / _____ Ship said remains via _____~~

~~_____ / _____ / _____ To: Name _____ Address _____~~

I/We understand that your services have been fully completed when the remains leave Evergreen Memorial Park and that you will act as my agent for my accommodation only in carrying out these instructions.

The Cremation Process

Pursuant to California Health and Safety Code Section 7054.7 (b), the undersigned acknowledges reading and understanding the following statement: The human body burns with the casket, container or other material in the cremation chamber. During the cremation process, 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 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.

When cremating Evergreen Memorial Park will exercise reasonable efforts in keeping cremated remains separate. However, because it is impossible to guarantee or warrant that some bone particles or the residue of one cremation could not possibly be mixed with those of another, I/We specifically give express permission for:

(Initial Each Statement)

- X 1. _____ / _____ / _____ The cremation to take place including incidental or inadvertent commingling of the remains with residue to prior cremations (Section 7054.7 (a) (1) California Health and Safety Code). The processing of the remains including crushing or grinding and incidental commingling of the remains with residue from processing other remains (Section 7054.1 California Health and Safety Code).
- X 2. _____ / _____ / _____ 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 & Safety Code. If the cremated remains container cannot accommodate all of the cremated remains of the deceased, the crematory shall provide a larger 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 & Safety code.
- X 3. _____ / _____ / _____ All non-combustible materials such as metallic orthopedic implants, dental bridgework, surgical pins, hinges,atches, nails, etc., will be separated and removed from the bone fragments by visible or magnetic selection. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber **(initial one of the following):**
 _____ / _____ / _____ they shall be separated from the cremated remains of the Deceased and recycled by the Crematory; **Or** _____ / _____ / _____ they shall be returned and placed in the urn or container holding the cremated remains. I/We understand that if it is my intention to save any items, it is my responsibility to remove them before cremation. **NO REMAINS WILL BE ACCEPTED FOR CREMATION WITH ANY TYPE OF JEWELRY.**
- X 4. _____ / _____ / _____ Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. I/We hereby warrant that said remains **CONTAIN NO PACEMAKER** or other type of implanted mechanical or radioactive device or radioactive nuclei.
- X 5. _____ / _____ / _____ I/We agree to indemnify, release and hold Evergreen Memorial Park, its employees, agents, and its assignees, harmless from any loss, damages, liability or causes 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 failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.
- X 6. _____ / _____ / _____ In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within twenty (20) days of this date, Evergreen Memorial Park is authorized to inter or cause them to be interred in such a manner as they deem advisable, including commingling thereof by interment in location or by manner with the remains of another person or persons.

I/We warrant that all representations and statements made herein are true and correct and make this statement to induce Evergreen Memorial Park to cremate or cause to be cremated the remains of the Deceased and authorize Evergreen Memorial Park to make disposition of the remains as above indicated.

Spouse _____, Children # _____, Parents # _____, Other _____ # _____

The following persons authorize the cremation and disposition of the Deceased 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.

- X Signature _____ Relationship _____
- X Address _____ Phone _____
- Signature _____ Relationship _____
- Address _____ Phone _____
- Signature _____ Relationship _____
- Address _____ Phone _____

WITNESS: If this document is not signed before a staff member of the contracting mortuary, please attach a photocopy of photo identification with signature, or if no photo ID, then all signatures need to be notarized.

X _____ Date _____ 20 _____

Name/Address/Phone RUBIDOUX MORTUARY, 6091 MISSION BLVD, RIVERSIDE CA, 92509, (951) 683-2215

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person arrangements are for
the possession of _____ will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by _____ and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number
manner¹: _____
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary
Name of person(s) with the legal right to control disposition²: _____

Signed _____ **Date** _____
Person(s) with legal right to control disposition or Self, if pre-arranging

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 or hydrolysis services: _____

Signed _____ **Date** _____
Person(s) contracting for cremation or hydrolysis services

Signed _____ **Lic. #** _____ **Date** _____
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS

A person having the right to control disposition of cremated or hydrolyzed human remains may remove the remains in a durable container from the place of cremation, hydrolysis, or interment, pursuant to Health and Safety Code section 7054.6.

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

¹ See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.

² See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.

First Name of Decedent		Middle		Last (Family)	
Date of Birth (MM/DD/YYYY)		Age	Sex	Date of Death (MM/DD/YYYY)	
State of Birth	Social Security Number		Military Service	Marital Status	Education-Years Completed
Race			Hispanic-Specify <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation		Kind of Business		Years in Occupation	
Residence-Street and Number or Location					
City	County		Zipcode	Years in County	State
Informant Name & Relationship		Phone Number		Mailing Address	
Name of Surviving Spouse-First		Middle		Last (MAIDEN)	
Name of Father-First		Middle		Last	State of Birth
Name of Mother-First		Middle		Last (MAIDEN)	State of Birth
Place of Death			If Hospital, Specify One: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		
Street Address				City & County	

PLEASE FILL OUT AS MUCH AS POSSIBLE, ANY BLANKS WILL BE SUBMITTED AS "UNKNOWN"
RETIRED AND UNEMPLOYED ARE NOT ACCEPTED - MUST STATE LONGEST EMPLOYMENT OR NEVER WORKED
SPOUSES MUST BE LEGALLY MARRIED - CALIFORNIA DOES NOT RECOGNIZE COMMON LAW