

Reardon Funeral Home

A Family Tradition for Gerations

As your funeral director, we will initiate the death certificates based on the information you have provided below. We deliver the death certificate to the attending physician, who by law, must sign and place the known cause(s) of death. We then file with the local Health Department Office in the appropriate county of death. The availability of the death certificates will depend upon the schedule of the Health Department. Normally, allow at least ten county working days to receive the certified copies you have requested after the certificate has been filed.

Certified copies of the death certificate are a service provided by the Health Department. We will order the number of copies you request when we file the original document. You can always get additional certified copies if you should need them.

VITAL STATISTICS									
Name of Deceased: First:			Middle:				Last:		
AKA:				Embalming? No Yes		Coroner's Case? No Yes #			
Date of Birth:		Age:		Sex:	Date of Death:			Hour:	
State Of Birth:	Social Security Number:			Military Service:		Marital Status:		Education:	
Race:			Hispanic: Yes: No:		If Hispanic, what is the Hispanic origin?				
Occupation:(do not used "Retired")			Kind of Business:			Years In Occupation:			
Residence: (Street and Number or Location)									
Clty:		County:		Zip Code:		Years In County:		State:	
Informant Name		Relationship:		Mailing Address:					
Name of surviving Spouse – First:			Middle:				Last: (Maiden)		
Father's Name – First:		Middle:			Last:			Birth State:	
Mothers Name – First:		Middle:			Maiden Name:			Birth State:	
Place of Disposition (Where are the remains to be kept or buried?):							Type of Disposition:		
Number of Death Certificates:		Name(s) of person(s) able to pick up death certificates and/or cremated remains:							
INFORMANT'S INFORMATION									
Informants Signature							Relationship:		
By signing above you are accepting the information as correct for use in the Death Certificate									
Informant's Primary Telephone					Informant's Secondary Telephone:				

If usual residence is in Ventura County, would you like a free death notice in the Ventura County Star? Yes No

Family Owned and Operated

511 North A St. • Oxnard, CA 93030 • Phone: 805.487.1720 • Fax: 805.487.1636 • FD2069
reardonfuneralhome@gmail.com • www.reardonfh.com

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, _____,
(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.

Reardon Funeral Home

511 North "A" Street
Oxnard, California 93030
805-487-1720

ORDER FOR RELEASE

TO: _____

I certify that I am the next-of-kin pursuant to section 7100, Health and safety code, state of California, or am a relative acting as agent for the next-of-kin and it is my legal right to nominate a Funeral Director to take care of the remains of:

Deceased, therefore, please release the remains of the above named decedent to the care of:

REARDON FUNERAL HOME

511 N. A St. Oxnard, CA 93030

Signed: _____

Relationship: _____

Street Address: _____

City: _____

State: _____

Telephone: _____

Date Signed: _____

Witness: _____

FAMILY OWNED
SERVING VENTURA COUNTY SINCE 1911

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of _____, will be cremated by

Name of Person arrangements are for

Name of Funeral Establishment and Telephone Number

and shall be disposed of in the following

Name of Crematory and Telephone Number

manner (Note 1): _____

Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

Signed _____

Person(s) with legal right to control disposition to Self, if pre-arranging

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Signed _____

Person(s) with legal right to control disposition

Date _____

Name of person(s) contracting for cremation services: _____

Signed _____

Person(s) contracting for cremation services

Date _____

Signed _____

Funeral Director, Employee, or Agent for Funeral Establishment

Lic. # _____

If a Funeral Director

Date _____

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

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FD# 2069

Cremation # _____

NOT VALID UNTIL COUNTERSIGNED BY COAST CITIES CREMATIONS DBA COAST CITIES CREMATIONS, INC.

Contract for Cremation, Cremation authorization and disposition instructions

The Authorizing Agent, as identified herein, and Coast Cities Cremations enter into this contract on the terms and conditions set forth below.

1. IDENTIFICATION OF DECEDENT

→ NAME: _____ AGE: _____ SEX: _____ WT: _____

DATE OF DEATH: _____ PLACE OF DEATH _____ CAUSE: _____

Authorizing Agent has identified the human remains that were delivered to the funeral home as the decedent, and have authorized Coast Cities Cremations for the cremation.

2. AUTHORITY OF AUTHORIZING AGENT

Authorizing Agent represents that the following person is named the agent of durable power of attorney for healthcare: _____

→ Authorizing Agent hereby represents that the decedent left the following survivors heirs at law:

Self _____ Spouse _____ No. of Children _____ Father _____ Mother _____ No. of Siblings _____

If the decedent is not survived by spouse, children, parents, or siblings, the person(s) in the next degree of kinship to the decedent is

(are): _____

Based on the foregoing, Authorizing Agent is the individual (or individuals) legally authorized according to the laws of the State of California to execute this contract and to arrange for the cremation and disposition of the cremated remains of the decedent. Authorizing Agent is aware of no objection to this cremation by any spouse, child, parent or sibling of the decedent. If any other living person who has the right to control the final disposition has not been notified, Authorizing Agent represents that reasonable efforts have been made to give such person notice, and that Authorizing Agent has no reason to believe that such person would object to the cremation of the decedent.

3. IMPLANTS

Mechanical, silicon, or radioactive implants or devices in the decedent may create a hazardous condition when placed in a cremation chamber. All such devices which are or may be hazardous or explosive must be removed prior to cremation. Authorizing Agent represents to Coast Cities Cremations that the decedent's remains do not contain a pacemaker, prosthesis, radioactive implant or any other device that could be hazardous or explosive. To the extent that such devices were present, Authorizing Agent has instructed their removal. Authorizing Agent understands that mechanical prosthesis, pins and other implants which may be present at cremation may be removed from cremated remains after cremation, unless otherwise designated by Authorizing Agent to return all non-human materials to the urn. To return all non-human materials, please initial: _____

→ Does decedent have any hazardous or explosive devices? YES _____ NO _____ If yes, please remove. Initial Here _____

4. AUTHORIZATION

The Authorizing Agent hereby authorizes and requests Coast Cities Cremations to cremate the human remains of the decedent and to arrange for the final disposition of the cremated remains as set forth in this contract, in accord with subject to its rules and regulations, and any applicable state or local laws or regulations. Coast Cities Cremations is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instruction.

5. DISPOSITION

After the cremation has taken place and the cremated remains have been processed, the processed remains will be placed in a plastic urn, unless a different type of urn is designated here: _____

→ The Authorizing Agent hereby instructs Coast Cities Cremations to release the cremated remains as follows (check one only):

_____ Release the cremated remains to the following designated person:

NAME _____ ADDRESS _____

RELATIONSHIP _____ FOR THE FOLLOWING DISPOSITION _____

MAIL REMAINS TO: _____ VIA U.S. POSTAL SERVICE

OTHER _____

_____ RELEASE TO COAST CITIES CREMATIONS FOR SCATTERING AT SEA OF FTHE COAST OF VENTURA COUNTY

The Authorizing Agent understands that if no arrangements for final disposition, release or transfer of the cremated remains are specified in this contract, or if the arrangements are not carried out within 90 days of the decedent's date of death, Coast Cities Cremations is authorized to arrange for final disposition at a licensed cemetery as required by law. Such final disposition may be accomplished by burial in a common and/or unmarked grave, possibly making the remains nonrecoverable. If the remains are mailed, Authorizing Agent agrees that Coast Cities Cremations if acting solely as my agent in mailing the remains, and agrees that Coast Cities Cremations shall not be liable if the remains are lost or damaged. Initial Here: _____

6. LIMITATION OF LIABILITY

Authorizing Agent hereby agrees to indemnify, defend, and hold Coast Cities Cremations, its officers, agent and employees, of and from any and all claims, demands, cause or causes of action, suits of every kind, nature and description, in law or equity including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the Authorizing Agent to properly identify the human remains transmitted to Coast Cities Cremations, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from the authorization, the failure of the Authorizing Agent or designee to take possession of or make proper arrangements for the final disposition of the decedent or the decedent's cremated remains, or any other action performed by Coast Cities Cremations, its officers, agents or employees, pursuant to this authorization, excepting only acts of gross negligence on the part of Coast Cities Cremations.

7. Signature of Authorizing Agent

I/We further acknowledge that I/We have read the following statement: "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 amount 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." (Section 7054.7 of the California Health and Safety Code).

By executing this contract as Authorizing Agent, the undersigned warrants that all representations and statements contained in this contract are true and correct, that these statements were made to induce Coast Cities Cremations to cremate the human remains of the decedent, and that the undersigned has read and understands the provisions contained in this contract and its exhibit.

→ EXECUTED AT _____, Dated this _____ day of _____, _____ (City, State) (Date) (Month) (Year)

→ NAME: _____ SIGNATURE: (X) _____

RELATIONSHIP TO DECEDENT: _____ ADDRESS: _____

NAME: _____ SIGNATURE: (X) _____

RELATIONSHIP TO DECEDENT: _____ ADDRESS: _____

(FOR CREMATORY USE ONLY)

Person who delivered remains to crematory _____ Type of casket or container used _____

Day/Date/Time of delivery of remains _____ Type of urn or container used _____

Operator in charge of cremation _____ Date of cremation _____

Person removing cremated remains from Coast Cities _____ Date/Time of removal _____

For more information on funeral, cemetery and cremation matters, contact:
Cemetery and Funeral Bureau, Dept. of Consumer Affairs
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834 (916) 574-7870



SINCE 1924

OAKWOOD MEMORIAL PARK

22601 LASSEN ST.
CHATSWORTH, CA 91311
(818)341-0344 FAX (818)341-6499

Cremation Authorization and Declaration

Decedents Name: _____

Decedents survivors:

Spouse _____ **Domestic Partner** _____ **Adult Children** _____ **Parents** _____ **Siblings** _____
Decedent has: Will _____ **Health Care Directive** _____

FOR INFORMATION ON CEMETERY AND CREMATION MATTERS, CONTACT:
DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU
1625 NORTH MARKET BLVD., SUITE S-280 SACRAMENTO, CA 95834 (916) 574-7870

Authorization for Cremation & Disposition

I do hereby give this explicit authorization to Oakwood Memorial Park Crematory, Chatsworth, CA (the crematory) to provide the following services, to wit I agree to pay the usual and customary fees.

1. Cremation:

Cremate the body of the decedent named above in accordance with and subject to the crematory's rules and regulations and the laws and regulations of the State of California.

I acknowledge the following descriptive statement of the cremation process as requires by the Health & Safety code Section 7054.7 (c)(b).

"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 in the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery, or scattered at sea."

1a. I understand that the crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible container. I authorize the crematory to remove and dispose of handles, ornaments and all other non combustible materials of the cremation container or casket.

1b. I further acknowledge the following: "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 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.

2. Implants, Mechanical & Radioactive Devices:

Mechanical or radioactive devices, such as pacemakers and insulin pumps may be hazard if placed in the cremation chamber. The crematory will therefore not knowingly cremate any remains which contain such device.

I CERTIFY THE REMAINS OF THE DECEDENT DO NOT CONTAIN ANY MECHANICAL DEVICES OR THAT I HAVE ARRANGED FOR THEIR REMOVAL. _____ INITIALS

3. Mementos, Jewelry, Dental Appliances/Gold-Silver, & Other Foreign Material

Items such as personal mementos, jewelry, dental appliances or dental gold/silver, prostheses and any other foreign materials placed in the cremation chamber with the Decedent and cremated will either be destroyed or rendered unrecognizable. If any such items are recovered from the chamber, I authorize their disposal.

4. Disposition: I authorize you take the action I have indicated below with respect to the decedents cremated remains.

_____ Deliver/release remains to: _____ For the following disposition _____
(Name & address)

_____ Mail remains to: _____ Via U.S. Postal – Registered Mail.

_____ Other _____

Cremated remains not picked up within 90 days of the decedents death at the crematory may be delivered to a licensed cemetery for disposition, in a manner which may make the remains nonrecoverable. If the remains are mailed, I agree that the crematory is acting solely as my agent in mailing the remains, and agree that the crematory shall not be liable if the remains are lost or damaged. ___ initials.

Authority To Conduct Cremation Services

Declaration of Facts by Authorizing Agent(s)

(In this document the word "I" shall refer to all persons authorizing the cremation of the decedent.)

I, the undersigned declarant(s) do hereby warrant that I am the person(s) having full legal authority to authorize the cremation and disposition of _____ my _____, whose last known address was _____, _____, _____ and who died on _____.

Sec. 7110 of the Health & Safety Code states: "Any person signing any 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 or cremation. He or she is personally liable for all damage occasioned by or resulting from breach of such warranty.

I understand the provisions of section 7110. _____ initials.

Section 7100 Authority...

I am the section 7100 authority legally authorized to permit cremation as the form of disposition for the decedent listed herein. My authority is because I am one of the following:

Initial one box... _____ Self. I am signing this as a result of a preneed contract I have entered into.

_____ Attorney in fact under a power of authority for **health care**. Attach copy. _____ Surviving spouse. _____ Registered domestic partner.

_____ Sole surviving competent **adult** child. _____ I, we (insert #) _____ competent adult children represent the majority of (insert #) _____ competent adult children. I, we have used reasonable efforts to notify all other surviving competent adult children and are not aware of opposition to the cremation of the decedent by the majority.

_____ Surviving competent parent(s) of the decedent. No adult children exists. _____ Surviving siblings(s). If there are other siblings, I we represent the majority and have used reasonable efforts to notify all other competent adult siblings of these instructions and are not aware of any opposition to the _____ cremation of the decedent by the majority

_____ Other: A competent adult person(s) in the next degree of kindred. I am the only surviving competent adult _____ and declare that no other person(s) listed above exists or I have used reasonable efforts to notify all other such competent adult persons in the same degree of kindred and are not aware of any opposition to the cremation of the decedent by the majority of persons in the same degree.

_____ I am a licensed funeral director. My license # is _____ and I have notified the public administrator, in writing, of the passing and that there are no know persons with the authority to sign the authorization. The public administrator has failed to act and seven days have elapsed from the date of written notification; therefore I am acting as the authorizing agent.

I make this declaration to induce you to cremate the above named decedent and agree to hold you harmless from any claims which may result from the use of this declaration.

Date: _____

1. Signed _____ Relationship _____ 2. Signed _____ Relationship _____
3. Signed _____ Relationship _____ 4. Signed _____ Relationship _____

PACEMAKER YES _____ NO _____

REMOVED _____

TECHNICIAN _____