

# 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									
Main Contact Person							Relationship:		
Contact's Primary Telephone					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: Reardon Funeral Home  
(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:

Reardon Funeral Home 511 North A St. Oxnard, CA. 93030  
(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, Reardon Funeral Home,  
(funeral establishment name)  
license number FD 2069, **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.

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in

the possession of Reardon Funeral Home (805) 487-1720, will be cremated by

Name of Person arrangements are for

Name of Funeral Establishment and Telephone Number

Oakwood Memorial Park (818) 341-0344 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** \_\_\_\_\_ Lic. # \_\_\_\_\_

Funeral Director, Employee, or Agent for Funeral Establishment

If a Funeral Director

**Date** \_\_\_\_\_

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

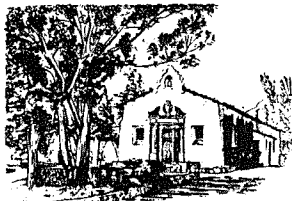
Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

**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



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 \_\_\_\_\_ Other \_\_\_\_\_  
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. \_\_\_\_\_ INITIALS.

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. \_\_\_\_\_ INITIALS.

4. **Viewing:** No viewing of the deceased is allowed at the crematory. Viewing or Witness Cremation Services are held at Chapel of the Oaks.

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

\_\_\_\_\_ **Deliver/release remains to:** Reardon Funeral Home - 511 North A St. Oxnard, CA. **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. Include copy of valid ID.

\*\*\*\*\*

### 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 only... \_\_\_\_\_ 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 \_\_\_\_\_