

CALIFORNIA FUNERAL

Alternatives

"Our Family Serving Yours"

I, the undersigned, certify, warrant and represent that I am the legal next of kin and have the full legal right in accordance with Health & Safety Code Section 7100 to authorize the transport, storage, preparation for; viewing, church service, burial, scientific use, or for shipping of the remains of:

(Deceased Name & Address street, city, state, zip) (Herein after referred to as the "Decedent")

I/We hereby request and authorize California Funeral Alternatives, 1020 E. Pennsylvania Ave., Escondido CA 92025 (Herein after referred to as the "Funeral Home") acting as my/our agents to take possession of and make arrangements for the burial of the remains of the deceased.

Final Disposition

I/We understand that the services and obligations of California Funeral Alternatives shall be fulfilled when the remains of the Deceased are delivered to a local cemetery, facility for scientific use or to an air carrier for shipment.

1. The actual burial of the remains requires documents to be filled with the State Health Department that contain personal information provided by the authorizing authority and physician. California Funeral Alternatives will file these documents in a timely manner. However, delays in filing due to a lack of required information, failure of the physician to provide the cause of death in a timely matter, or delays at the health department are beyond our control.

2. I/We agree to indemnify, release and hold California Funeral Alternatives, its agents, employees and assigns, harmless from any and all loss, damages, liabilities, or cause of action (including attorney's fees and expenses of litigation) in connection with the disposition of the Deceased, as authorized herein.

3. Payment: Unless prior arrangements have been made, payment is due at the time of services. All returned checks will be subject to a \$35.00 handling charge. Should legal action be required in connection with the collection of any amount due, the authorizing authority agrees to pay all attorney fees, collection costs, and all court costs incurred with any such proceedings.

4. Entire Agreement: This Contract contains the entire agreement and understanding between the parties, and merges and supersedes all prior representations and discussions pertaining to the Contract. Any changes, exceptions, or different terms and conditions proposed by the Authorizing Authority are hereby rejected.

5. Name of cemetery or receiving mortuary _____

Address _____

Signature of Person(s) authorizing burial

I/We warrant that all representations and statements made herein are true and correct.

Name _____ Signature _____ Date _____

Address _____ Street _____ City _____ State _____ Zip _____

Relationship to Deceased _____ Tel.. No. () _____

Signature _____ Date _____ Contracting Funeral Home Representative