

Authority To Release Remains

Releasing Institution's Name:

Date: _____

Please release the remains and personal effects of

To Saddleback Chapel (FD #1099), 220 East Main Street Tustin, CA 92780

Identification/Special Instructions/Coroner Fees: _____

Approx. Height of Decedent: _____ Approx. Weight of Decedent: _____

Name of person(s) transferring the deceased: _____

Next of Kin or Responsible Party's Signature: _____

Print Full Name: _____ Relationship: _____

Address: _____

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Saddleback Chapel FD #1099
(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:

220 E. Main Street, Tustin, CA 92780
(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, Saddleback Chapel,
1099 _____ (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.



FD # 1099

220 East Main Street • Tustin, CA 92780
P: (714) 544-1450 • F: (714) 544-0602
www.saddlebackchapel.com

Acknowledgement and Receipt

To: Saddleback Chapel Mortuary (FD #1099)
(Name of Funeral Establishment)

Re: _____
(Name of Decedent)

The undersigned hereby acknowledges receipt of copy of the following prior to any discussion of any goods or services or the drafting of any contract for funeral good or services (initial all that apply):

_____ General Price List.

_____ Casket Price List.

_____ Outer Burial Container Price List.

_____ Consumer Guide to Funeral and Cemetery Purchases.

_____ Disclosure of Preneed Funeral Agreement.

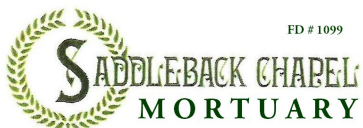
_____ Copy of any Preneed Agreement (funded in full or in part) for the above named decedent in possession of Saddleback Chapel (FD #1099).

Signed: _____

Print Full Name: _____

Relationship: _____

Date: _____



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Date: _____

Acknowledgement Regarding Permit/Delayed Disposition

I understand that Saddleback Chapel (FD #1099) will make every effort in assisting the responsible Physician/Coroner in completing the Death Certificate and in filing with the County Authorities to obtain a Final Disposition Permit. I have been advised by my Funeral Arranger of a service schedule that will allow sufficient time to complete the documents and acquire a Permit.

I understand the final disposition cannot take place without the Permit, and that the services may have to conclude following the Chapel or Church service until the Permit is secured. In the Event that this happens, the remains will be held at the Mortuary and Later rescheduled.

*You will be notified of any complications within 24 hours of the first scheduled service so that you will be able to make an informed decision as to postpone or continue with services as scheduled.

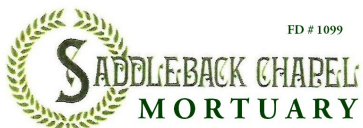
Initial: _____

Signed: _____ **Relationship:** _____

Print Name: _____

Witnessed By: _____

Print Name: _____



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Pre-Authorization for Additional Services

I _____ authorize Saddleback Chapel (FD #1099), to charge my credit card for any and all additional services rendered by the date of service for any unforeseen additional costs not included in the initial Service Contract.

Account Number: _____ Exp: _____ CVC: _____

- Visa
- Mastercard
- American Express
- Discover

Amount: _____

Billing Address: _____

Zip Code: _____

Phone Number: _____

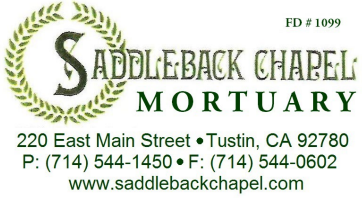
Receipt: Mailed: _____

Emailed: _____

Additional Services Rendered:

Signature: _____ Date: _____

Funeral Director Signature: _____



FD # 1099

Print Order Information:

Name of Decedent: _____

Date of Birth: _____

Date of Death: _____

Quantity of Prayer Cards: _____

Other Form of Print:

Bookmarks: _____ Quantity: _____

Folders: _____ Quantity: _____

Memorial Book: _____ Quantity: _____

Poster Bored: _____ Quantity: _____

Etc: _____ Quantity: _____

Etc: _____ Quantity: _____

Phrases: _____

Pictures: _____

Saddleback Chapel Flower Order Form with Conroy's Flower Shop

Saddleback Chapel Consultant:



CONROY'S®

FLOWERS

Ph: 714-730-9120 - Jung
e-: jcsk.conroyf77@gmail.com
W: conroyflowerstustin.com

* After faxing this order form, Saddleback Flower Shop will fax you back a copy of the order once it has been processed.

Decedent's Name _____

Viewing Date & Time _____ **Service** Date & Time _____

Delivery Date and Time _____

Additional Notes _____

Item # _____ Qty _____ \$ _____

Banner _____

Card Msg _____

Notes _____

Item # _____ Qty _____ \$ _____

Banner _____

Card Msg _____

Notes _____

Item # _____ Qty _____ \$ _____

Banner _____

Card Msg _____

Notes _____

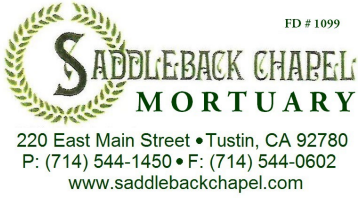
Boutonnieres:

Item # _____ Qty _____ \$ _____

Notes _____

Final Price:

Subtotal: \$ _____ Tax: \$ _____ Total: \$ _____



FD # 1099

Social Media Consent Form

If you would like any information to be posted on our website, we must make your loved one's name, date of birth, and date of passing publicly accessible information. Please initial and sign all of the information you are comfortable with Saddleback Chapel (FD #1099) posting on our website

Initial Here:

_____ Name, Date of Birth, Date of Passing

_____ Photos

_____ Visitation Information

_____ Service Information

_____ Obituary (provided by family)

_____ Zoom Information

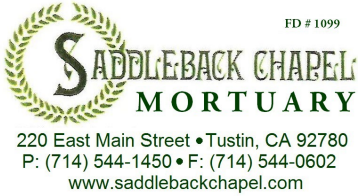
_____ All of the Above

Printed Name: _____

Signature: _____

Date: _____

Information Due to Saddleback Chapel (FD #1099):



FD # 1099

Saddleback Chapel Signature Checklist

File #: _____

Decedent: _____

Funeral Director: _____

Check Box when Complete with Necessary Signatures

- Contract**
- Authority to Release Remains**
- Authorization to Accept or Decline Embalming**
- Disclosure of Preneed Funeral Agreement**
- Acknowledgements and Receipt for Goods/Services**
- Disclaimers/Authorizations Releases**
- Authorization to Cremate**
- Declaration for Disposition of Cremated Remains**
- Acknowledgement Regarding Permit/Delayed Disposition**