

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

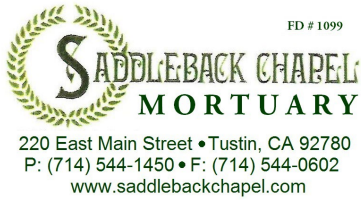
Date

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.



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: _____

DISCLAIMERS - AUTHORIZATIONS - RELEASES

NAME OF DECEASED

INITIAL

_____ NO Viewing Remains Before Cremation: The undersigned hereby agrees to indemnify and hold harmless Saddleback Chapel from any liability, which might arise from not viewing and identifying the deceased.

_____ Shipping of Remains: The undersigned hereby authorizes Saddleback Chapel to ship the above remains via common carrier and indemnifies and holds harmless Saddleback Chapel for any liability relating hereto.

_____ Unembalmed Entombment in a Mausoleum: The undersigned hereby indemnifies and holds harmless Saddleback Chapel from any liability regarding the entombment of unembalmed remains in a mausoleum.

_____ Removal of Pacemaker and/or Mechanical-Medical Devices: The undersigned hereby authorizes Saddleback Chapel to remove and discard any such items from the above deceased prior to cremation or other disposition.

_____ Authorization for Cremation: Saddleback Chapel does not own, operate nor endorse the use of any particular crematory. Accordingly, the undersigned hereby selects Loma Vista Memorial Park Crematory and in so doing agrees that in the event of any impropriety, misconduct, misrepresentation or wrongdoing of any kind, the liability shall be specifically limited to the above crematory. Further, the undersigned hereby certifies they have the legal right to make this authorization; warrants him or herself to be the person and relationship so represented and agrees any such misrepresentation shall release Saddleback Chapel from any all liability which might arise there from.

_____ Cremation Receptacle and/or Disposition by the Family: The undersigned hereby releases Saddleback Chapel from any liability which might arise from releasing cremated remains in any non-durable container, such as cardboard, pottery, ceramic and the like. And further, Saddleback Chapel shall not be responsible for any unauthorized disposition of the cremated remains after they have been released to the family or person given legal right to control disposition.

_____ Temporary Storage of Cremated Remains by Saddleback Chapel: In the event the cremated remains have not been claimed within thirty (30) days, Saddleback Chapel is hereby authorized and directed to dispose of the cremated remains according to California law.

_____ Witnessing of Cremation: The undersigned hereby agrees to indemnify and hold harmless Saddleback Chapel from any liability which might arise from the witnessing of cremation.

_____ Scattering of Cremated Remains at Sea: The undersigned hereby authorizes and directs Saddleback Chapel or their agent to dispose of the cremated remains of the above captioned deceased at sea. It is understood and mutually agreed that this disposition shall be private, at the convenience of Saddleback Chapel and shall usually take place within 30 days. However, Saddleback Chapel shall not be liable for any delays in this disposition for reasons beyond the control of Saddleback Chapel.

_____ Disposition of Flowers: Following services at Saddleback Chapel, flowers must be removed from the premises within one hour after service. (No facilities available for storage.)

_____ Placement of Jewelry Upon the Deceased: The undersigned hereby agrees to indemnify and hold harmless Saddleback Chapel for any theft or loss of jewelry placed on the deceased. DESCRIBE EACH ITEM.

We hereby acknowledge and agree to each paragraph initialed above.

Signed: _____ Relation: _____

Signed: _____ Relation: _____

AUTHORIZATION TO CREMATE

Loma Vista Memorial Park, 701 E. Bastanchury Road, Fullerton, CA 92835, (714) 525-1575

Subject to your rules and regulations and in accordance with California Law, 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 the remains of:

DECEDENT: _____ **ADDRESS:** _____

DISPOSITION: _____ **RELEASE CREMAINS TO:** _____

The undersigned acknowledges reading and understanding 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 cremation, the content 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 of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea." (Health and Safety Code Section 7054.7(b).)

Certain items including, but not limited to, casket hardware, body prostheses, dentures, dental bridgework or fillings, jewelry and other personal articles accompanying the decedent remains may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains, are recovered from the cremation chamber, they may be separated from the cremated remains and disposed of by the crematory.

Unless otherwise selected, the crematory will provide a durable container to hold the cremated remains. A second container, at no cost, will be provided in the event that the original container is insufficient to accommodate all the cremated remains.

Select container: Durable Urn ___ Scatter Bag & Box ___ Infant Container ___ Other _____

Mechanical or radioactive devices (pacemakers, etc.) implanted in the Decedents remains may create a hazard when placed in the cremation chamber. **The undersigned warrants that the remains do not contain such devices or has directed the Funeral Director to remove and dispose of these devices prior to cremation.**

Unless specifically requested, the cremation will be scheduled at the convenience of Loma Vista Memorial Park and will not be performed in accordance with any religious or ethnic customs. **Specific request:** _____

The undersigned hereby acknowledges that unless the decedent, prior to death directed his/her own disposition, the right to control disposition vests in and devolves upon the following in the order named: "1. An agent under a Power of Attorney for Health Care. 2. The surviving competent spouse. 3. The surviving child or children of the deceased, provided that, in the absence of actual knowledge to the contrary, a funeral director or cemetery authority may rely on instruction given by a child or children who represent (A) that they are the sole surviving child or children; (B) that they constitute a majority of the surviving children; or (C) that they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instruction on the part of one-half or more of all surviving children. 4. The surviving parent or parents of the decedent. 5. The person or persons respectively in the next degrees of kindred." (Health and Safety Code Section 7100)

I/We, the undersigned, have read and understand this entire document, and hereby certify that I/We have the right to control the disposition of the remains and agree to indemnify and hold harmless Loma Vista Memorial Park, the Funeral Director, and their respective agents from any and all liability which may arise from this authorization, the cremation, the processing, or the subsequent release of the cremated remains.

Name _____ Signature _____ Relationship _____

Address _____ Phone _____

Name _____ Signature _____ Relationship _____

Name _____ Signature _____ Relationship _____

Funeral Establishment Representative Signature _____ Date _____

For more information on Funeral, Cemetery, and Cremation Matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916) 574-7870.

Cremation ID Number _____ Date _____ Time _____ Retort No. _____ Container _____

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.

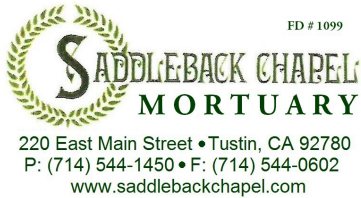
NOTICE REGARDING CREMATED OR HYDROLYZED HUMAN REMAINS

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.



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.

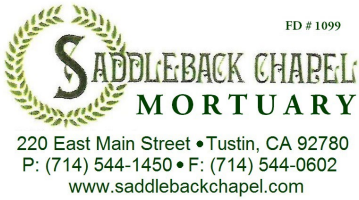
Initial: _____

Signed: _____ **Relationship:** _____

Print Name: _____

Witnessed By: _____

Print Name: _____



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: _____

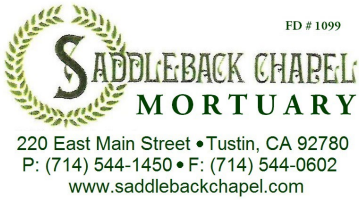
Receipt: Mailed: _____

Emailed: _____

Additional Services Rendered:

Signature: _____ Date: _____

Funeral Director Signature: _____



Receipt for Cremated Remains

Case #: _____

Release to:

Name: _____

Name: _____

Phone number: _____

Phone number: _____

Having full authority as legal next of kin or representing the legal next of kin of,

_____ I have received their cremated remains from

Saddleback Chapel (FD #1099), in Tustin, California.

Sign: _____ Date: _____

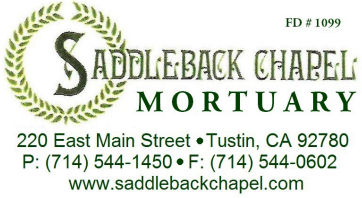
Print Name: _____

Drivers License number: _____

Address : _____

Released By: _____

Notes: _____



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 _____

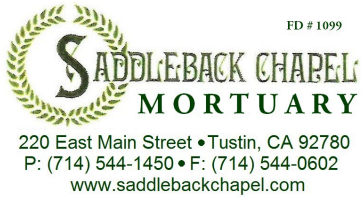
Boutonnieres:

Item # _____ Qty _____ \$ _____

Notes _____

Final Price:

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



FD # 1099

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

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. Once uploaded, it is public to our website as well as Legacy.com. We cannot remove any info from Legacy.com, only from our own.

Initial Here:

_____ Photos

_____ Visitation Information

_____ Service Information

_____ Obituary (provided by family)

_____ Zoom Information

_____ All of the Above

Email any information above to info@saddlebackchapel.com.

Printed Name: _____

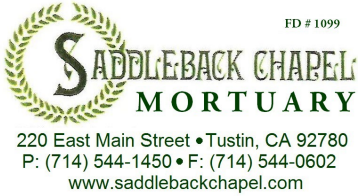
Signature: _____

Date: _____

Email: _____

(Please subject your email with the name of your loved one and a generalization of the content being sent).

Name of Loved One: _____



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**