

CERTIFICATE OF DEATH

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)			
	AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX
	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)				
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			19. YEARS IN OCCUPATION		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location)							
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	
	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)			
	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION					
41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY							EMBALMING REQUESTED	
CREMATION IN CALIFORNIA		BURIAL IN CALIFORNIA		BURIAL OUTSIDE OF CALIFORNIA		YES <input type="checkbox"/> NO <input type="checkbox"/>		
RETAIN AT RESIDENCE IN CALIFORNIA		CREMATION OUTSIDE OF CALIFORNIA		SCATTERING AT SEA				
RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		TRANSIT TO OUTSIDE OF CALIFORNIA		SCIENTIFIC USE				
OTHER _____								
PLACE OF DEATH	101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY		
	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER _____							

Decedent's City of Birth _____ Number of Certified Death Certificates requested _____

Informant's Information

Informant's Phone Number _____ Alternate number _____

Email address _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Decedent's Spouse Information

Decedent's Spouse Living Deceased Name _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Date of Death _____

Date of Marriage _____ Place of Marriage _____

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X _____ Date of signature _____

TO:



Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of

to Peninsula Cremation and Burial. I am the nearest next of kin to the decedent, or am acting on behalf (with the attached notarized letter of authority) of the nearest next of kin, and declare by my signature below that I have the full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, i.e., Gardenside Funeral Service, Inc., Peninsula Cremation and Burial, their agents, employees and representatives, the care facility, its agents and representatives, and all other parties, of any and all liability.

This document also authorizes the release of any and all personal belongings of the decedent.

X _____
Signature of Next of Kin/Representative

Printed Name of Next of Kin/Representative

Address

City State Zip

Phone Number

Email address, if available

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

555 West 9th Street, Suite 3, San Pedro, CA 90731-3157 * FD2367

Phone: (424) 267-6228 * Fax: (310) 359-0818

Email: peninsulacremationandburial@gmail.com * www.peninsulacremationandburial.com

A division of Gardenside Funeral Service, Inc.

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.

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)



RELEASE – NO VIEWING OF REMAINS PRIOR TO DISPOSITION

It is my/our desire that the body of _____ a deceased person, NOT be viewed.

I/We have been advised by representatives of Gardenside Funeral Service, Inc., Midgley-Gardenside Mortuary and Catalina Island Mortuary, Cremation Society of Laguna and Best Choice Cremation.com, (hereafter called “The Companies”), that once disposition (burial or cremation) that it will not be possible to view the Remains.

The Companies are concerned that not viewing a body may cause emotional distress in time. I/We understand and agree that the Companies’ representatives have strongly recommended that an identification viewing, by at least one member of the immediate family take place. Despite their warnings and advice it is my/our decision to NOT view the Remains.

In consideration for allowing me/us to not view, I/we hereby release, acquit, hold harmless, indemnify and forever discharge the Companies, their employees, representatives, and officers from any and all actions, claims, demands, damages, costs, loss of services, expenses, compensation, and liability, including, but not limited to, those arising out of emotional and/or physical injury, distress or trauma, which I/we may experience from or arising out not viewing of the body of the above-referenced deceased, including attorney fees and costs and expenses of litigation.

In witness whereof, I/we have set our hand and seal the _____ day of _____ 20 _____

Name

Name

Name

Name

Name

Name

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

**Gateway Crematory CR-297
1410 S. Acacia Ave. #D Fullerton, CA 92831
(714) 535-3715**

Authorization for Cremation and Disposition of Human Remains

[Note: This is an important legal document which you should read carefully before signing.]

If you have any questions please ask your funeral Counselor and or,

"For more information on Funeral, Ceremony, 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"**

The Cremation Process is performed according to California Law. There can be no Allowance for ethnic or religious variation. Subject to the rules and regulations of Gateway Crematory and any applicable Federal, State, Local Laws, or Ordinances the undersigned hereby certifies, warrants and represents that I/We have the full legal right and authority to authorize Gateway Crematory (hereafter the "Crematory") to perform the cremation of the remains of:

_____ [FIRST NAME]

_____ [MIDDLE NAME]

_____ [LAST NAME]

_____ Approximate Weight _____

_____ [Decedents Usual Address]

(Hereafter the "Deceased/Decedent"), and to arrange final disposition of the cremated remains as follows:

Place of Final Disposition _____

I hereby **DECLINE** to View the Decedent at the Crematory; **INITIAL** _____

I **REQUEST** a Viewing of the Decedent at the Crematory; Date/Time _____ ; **INITIAL** _____

ID Viewing or Witness the insertion into the cremation chamber (Circle One)

Funeral Home handling the arrangements: _____
(Hereafter the Funeral Home)

Casket/Containers: Gateway requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personal. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. Metal, Plastic, Fiberglass Caskets or Cremation Containers will not be allowed to be cremated. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but not limited to hinge, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition on this form.

Casket or Cremation Container Selected _____ / **Urn Selected** _____

Pacemaker, Prostheses, and Radioactive Devices: Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to Gateway Crematory personnel or equipment by such devices or implants. By initialing this paragraph, I/We give permission to the Crematory, Funeral Home, or Staff to remove the surgical hardware as referenced above prior to cremation. The Funeral Home and or the Crematory are authorized to dispose of the device(s) as deem appropriate.

Pacemaker; YES OR NO (Circle One) **INITIAL** _____

Deceased: _____

The Cremation Process:

The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result 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 that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these materials with similar materials from other cremation in a non-recoverable manner, so that only the human bone fragments will remain. There may be small non-combustible material the operator may not visibly see and be placed in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

(INITIAL) _____

DISPOSITION OF CREMATED REMAINS

I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes. : **(Choose One)**

(INITIAL) _____ Deliver said cremated remains to: _____

(INITIAL) _____ I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes No responsibility after delivery.

SHIP TO: _____

(INITIAL) _____ **RELEASE TO:** _____

Authorizing Agent: An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Health and Safety Code Sec. 7100.1.) Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/We acknowledge and agree that I/We have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold Gateway Crematory, The Funeral Home, Their affiliates, Employees and assigns, harmless from any and all losses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or waived my/our rights of identification of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

Executed at _____ on _____

Signature of Authorized Agent: _____ Relationship _____

Printed Name: _____ Phone # _____



**Statement of Funeral
Goods and Services
Selected**

13450 Paramount Blvd., Suite B
 South Gate, CA 90280-8251
 V: (562) 630-3886
 (800) 795-0028
 F: (866) 715-4795
 Email: themortuary@outlook.com
 Web: www.midgleymortuary.com
 FD-1557

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral service with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve is you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Traditional Funeral Service Package	Graveside Service Package	Direct Cremation Package
Immediate Burial	Forwarding Remains	Whole Body Burial at Sea

**A. SERVICES, STAFF, FACILITIES, EQUIPMENT
AND MOTOR EQUIPMENT**

Basic Services of the Funeral Director and Staff _____
 Embalming or Refrigeration _____
 Other Preparations of Remains _____
 Transfer of Remains to Mortuary _____
 Visitation at any facility _____
 Evening or Weekend Service _____
 Funeral Service _____
 Graveside Service _____
 Flower/Utility Vehicle _____ @ _____
 Limousine _____ @ _____

TOTAL SERVICES SELECTED _____

B. MERCHANDISE

Casket _____
 Vault _____
 Urn _____
 Marker _____
 Acknowledgment Cards _____ box(es) @ _____
 Memorial Register Book _____ @ _____
 Memorial Cards/Folders _____ @ _____
 Pallbearer Gloves _____ @ _____
 Crucifix _____ @ _____
 Air Tray/Combo Unit _____
 Zeigler/Wooden Box _____

TOTAL MERCHANDISE SELECTED _____

If any law, cemetery or crematory regulations have required the purchase of any items listed above, the law or requirement is explained below:

Reason for Embalming: _____
 Note: _____

C. CASH ADVANCES

Death Certificates _____ @ _____ each _____
 Permit _____ @ _____ each _____
 Clergy Honoraria _____ @ _____ each _____
 Music Honoraria _____ @ _____ each _____
 Mailing and Postage fees _____
 Other Mortuary/Chapel Rental fees _____
 Flowers _____
 Coroner Fees _____
 Crematory Fees _____
 Los Angeles County death certificate filing fee _____
 Motorcycle Escorts _____ @ _____ each _____
 Cemetery/Scattering fees _____
 Air/Transportation fees _____

TOTAL CASH ADVANCES _____

SUMMARY OF CHARGES

A. Total Services Selected _____
 B. Total Merchandise Selected _____
 C. Total Cash Advances _____
 D. Sales Tax, if applicable _____
 E. **TOTAL CHARGES** _____

ITEMS ADDED LATER

TOTAL CHARGES ADDED LATER _____

**ADJUSTED BALANCE
LESS: PAYMENTS AND CREDITS** _____

TOTAL CREDIT ON ACCOUNT _____

BALANCE DUE ON ACCOUNT _____

NOTICE REGARDING CREMATED REMAINS: A person having the right to control disposition of cremated Remains may remove the Remains in a 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

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

By initialing this page, purchaser and mortuary agree that this is page 1 of 3 of this agreement and that both pages constitute a complete Statement of Funeral Goods and Services Selected.

Purchaser * _____ Mortuary Rep _____



Disclosure - Disclaimer

13450 Paramount Blvd., Suite B
South Gate, CA 90280-8251
V: (562) 630-3886
(800) 795-0028
F: (866) 715-4795
Email: themortuary@outlook.com
Web: www.midglemortuary.com
FD-1557

The Federal Trade Commission's "Funeral Industry Practice Rule" and the Department of Consumer Affairs, Cemetery and Funeral Bureau of the State of California require certain disclosures and prohibit misrepresentations. This Disclosure - Disclaimer form is a checklist we ask those we serve to read and sign, if, during the funeral arrangements, our firm complied with the following regulations.

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

The undersigned hereby agrees to the following disclosures and disclaimers, as witnessed on page 3 of this document:

- 1 I/We were presented with a General Price List effective prior to discussing prices, services or merchandise.
2 I/We were presented with a Casket Price List effective prior to viewing or discussing prices or caskets.
3 I/We were presented with an Outer Burial Container Price List effective prior to viewing or discussing prices or outer burial containers.
4 I/We were told that embalming is not required by law except in certain conditions.
5 I/We were told that no law requires embalming for direct cremations, immediate burials or if refrigeration is available and the funeral is without viewing or visitation.
6 I/We were informed that the law does not require a casket for direct cremation.
7 I/We were informed that the law does not require the purchase of an outer burial container.
8 The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.
9 I/We hereby acknowledge that a copy of the Department of Consumer Affairs guide entitled "Consumer Guide to Cemetery and Funeral Purchases" was provided for retention prior to the drafting of this contract.
10 I/We understand that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home.
11 I/We were told that the survivor of the deceased who is handling the funeral arrangements, or the responsible party, is entitled to receive, prior to the drafting of any contract, a copy of any agreement that has been signed and paid for, in full or in part, by or on behalf of the deceased, and that is in the possession of the funeral establishment.
12 I/We acknowledge receipt of the Disclosure of Preneed Funeral Arrangement form, the Declaration for Disposition of Cremated Remains (when cremation has been selected) and a complete (3 pages) Statement of Funeral Goods and Services Selected, Disclosure - Disclaimer, and Agreement.
13 I/We understand that the 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 (when cremation is selected).
14 I/We acknowledge that we were told that 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 (when cremation is selected).

It is further understood that the above acknowledgments will be found on some of the other documents you will sign. This is merely a re-cap of these statements.

Purchaser initials _____

Funeral Home initials _____



Agreement

13450 Paramount Blvd., Suite B
South Gate, CA 90280-8251
V: (562) 630-3886
(800) 795-0028
F: (866) 715-4795
Email: themortuary@outlook.com
Web: www.midgleymortuary.com
FD-1557

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

The charges shown on page 1, represent a CASH TRANSACTION. You understand that no extension of credit by us, subject to federal or state credit disclosure, installment sales, or other consumer credit statutes, is contemplated by this agreement. You have no right to defer payment of any amount due under this Agreement. You agree that you are personally liable for payment of the applicable balance due shown on the Statement of Funeral Goods and Services Selected no later than 24 hours prior to the first service that takes place. The undersigned agrees to pay the balance due on this account, plus the agreed value of such additional services, materials and cash advances as may be furnished by Midgley-Gardenside Mortuary. A late penalty of 1.25% per month (15% per year) will be assessed on the unpaid balance for materials, services and cash advances.

The signatures below hereby agree to, accept and guarantee all charges and arrangements listed on page 1 of this three-page document.

Person(s) making final arrangements and accepting financial responsibility:

Witnessed by:

X _____
Signature of Purchaser

Signature of Funeral Home Representative

Printed Name of Purchaser

Relationship

FDR- _____ Date _____

Address

City

State

Zip Code

Phone

Driver's License Number

Date of Signature _____

X _____
Signature of Co-Signer

Printed Name of Co-Signer

Relationship

Phone

Drivers's License Number

Date of Signature _____

**For more information about funeral, cemetery or crematory matters, contact the
Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North
Market Blvd., Suite S-208, Sacramento, California 95834 (916) 574-7870**