

VITAL INFORMATION FORM

(Required for non-Medical portion of the Death Certificate)

Please type or print as clearly as possible. All information will be transcribed onto the official Death Certificate.

1. NAME OF DECEDENT – FIRST		2. MIDDLE		3. LAST	
4. AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)			5. DATE OF BIRTH MM/DD/YYYY		5A. AGE
6. SEX		7. BIRTH STATE / FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
10. MARITAL STATUS / SRDP (At Time Of Death)		11. Date of Death MM/DD/YYYY		12. HOUR (24 Hours)	13. EDUCATION – Highest Level/Degree
14. OCCUPATION – Type of work most of life. DO NOT USE RETIRED			15. KIND OF BUSINESS (e.g. grocery store, education, etc.)		16. YEARS IN OCCUPATION
17. WAS DECEDENT SPANISH/HISPANIC/LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WAS DECEDENT NATIVE AMERICAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. RACE – Up to 3 may be listed	
20. DECEDENT'S RESIDENCE (Street and number or location)				21. CITY	
22. ZIP CODE	23. COUNTY / PROVINCE		24. YEARS IN COUNTY	25. STATE/ FOREIGN COUNTRY	
26. INFORMANT'S FIRST NAME	26A. MIDDLE NAME	27. LAST NAME		28. RELATIONSHIP	
29. INFORMANT'S MAILING ADDRESS (Street And Number, City, State, ZIP CODE)				30. INFORMANT'S PHONE NUMBER	
31. NAME OF SURVIVING SPOUSE / SRDP – FIRST		32. MIDDLE		33. LAST (BIRTH NAME)	
34. NAME OF DECEDENT'S FATHER – FIRST		35. MIDDLE		36. LAST	37. BIRTH STATE
38. NAME OF DECEDENT'S MOTHER – FIRST		39. MIDDLE		40. LAST (BIRTH NAME)	41. BIRTH STATE
42. TYPE OF DISPOSITION – CREMATION OR BURIAL		43. PLACE OF FINAL DISPOSITION – 1. CEMETERY OR 2. RESIDENCE 1. _____ 2. _____			
44. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE AND THEIR RELATIONSHIP, OR CEMETERY NAME & ADDRESS, OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED 1. _____ 2. _____					
45. PLACE OF DEATH (CITY)			46. IF HOSPITAL, SPECIFY ONE		47. IF OTHER THAN HOSPITAL, SPECIFY ONE
48. COUNTY	49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			50. CITY – ZIP CODE	
51. PHYSICIAN'S NAME			52. PHYSICIAN'S PHONE NUMBER		
53. PHYSICIAN'S ADDRESS (Street and number, city, state, ZIP)					

I have read the above information, and state that it is true and correct, and release Mcfarland Family Funeral Home FD1679 from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ DATE: _____

425 W. Perkins Ave.
Mcfarland Ca. 93250

1 (661) 792-3866 Phone

1 (661) 249-6899 Fax

AUTHORIZATION FOR REMOVAL

The undersigned hereby authorizes and requests Mcfarland Family Funeral Home FD1679
to remove the remains of:

(Decedent Name)

FIRST NAME

MIDDEL NAME

LAST NAME

Place Of Death : _____

Hospital : _____

Other Than Hospital : _____

Address Or Location : _____

Informant's Name : _____

Relationship: _____ Informant's Phone Number : _____

Signature: _____ Date: _____

Information From : Hospital / Hospice / Facility

Person Calling _____ Phone Number _____

AFFILIATION : _____

Note's : _____

425 W. Perkins Ave.
Mcfarland Ca. 93250
1 (661) 792-3866 Phone
1 (661) 249-6899 Fax

Cremation Date :	_____
Cremation Tag #	_____

AUTHORIZATION FOR CREMATION AND DISPOSITION

The Undersigned [hereinafter referred to as the "Authorized Representative(s) "] hereby certify that they are the legal custodian(s) of the [herein named "individual"], having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the individual and hereby request and authorize, Provider to take a possession of and make arrangement for the cremation, processing and disposition of the remains of

(Name of Individual) _____

DISPOSITION OF CREMATED REMAINS The Authorized Representative(s) hereby authorize the Provider to make a disposition of the cremated remains of the individual as following manner: _____

- A. The authorized Representative(s) certify and represent that the remains for cremation are those of this Individual and authorized Representative(s) further represent that they have the right to control the disposition of said remains.
- B. The remains of this individual will not be accepted for cremation unless they are in a leak proof rigid combustibile container. Provider is authorized to remove and discard handles or any other Items attached to the cremation container which may cause damage to the cremation chamber. Remains received in caskets constructed of metal, fiberglass, or other noncombustible materials will be removed from such caskets prior to cremation. Provider shall make disposition of such caskets in keeping with Provider's established practices.
- C. The Authorized Representative(s) understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or not be recoverable. Accordingly, The Authorized Representative(s) represent and warrant to the Provider that all body prostheses dental bridgework, dental fillings, or personal articles accompanying the remains (i) have been removed from the remains; (ii) may be removed from the remains and disposed of by the provider unless otherwise directed in writing by The Authorized Representative(s); (iii) may be destroyed by the cremation process.
- D. Mechanical devices implanted in the individual may create a hazardous condition when placed in a cremation chamber. Provider will not therefore, cremate any human who contain any type of implanted mechanical device. THE AUTHORIZED REPRESENTATIVE(S) CERTIFIES THAT THE REMAINS OF THE INDIVIDUAL DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE. In the event the remains of the Individual do contain such a device, the Authorized Representative(s) hereby authorize and instruct the Provider, its agents, and employees, to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to commencement of the cremation process, and all claims, demands or damages which may be made or declared against it or them by reason of the failure of the Authorized Representative(s) to timely disclose the existence of such implanted mechanical device(s). "Any change in status must be reported to the Provider in writing and will be considered an addendum to this authorization to cremate." The following list describes all existing devices (including all mechanical and prosthetic devices which may be implanted in or attached to the individual) to be removed from the remains of the individual and disposed of as instructed below: **Jewelry? Yes, No** **PACEMAKER? Yes, No** **Prosthesis? Yes, No** **Radiation producing implant? Yes, No** **Silicon Implant? Yes, No** **Initial Here: _____**
- E. The human body burns with the casket, container or other material in the cremation chamber. Some bone fragments are not combustibile 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 the 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 accumulations of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.
- F. The Authorized Representative(s) agree that if permanent arrangements for final disposition of the cremated remains are to be carried out by the authorized representative(s) or their duly authorized agent, and such arrangements have not been completed within 90 days after the date the cremated remains are available for final disposition, the Provider is authorized and directed to dispose of the cremated remains in any manner it may deem suitable.
- G. The obligation of the Provider shall be limited to the cremation of the remains of the individual and the disposition of the cremated remains as directed herein. The Authorized Representative(s) agree to release and hold the Provider, its affiliates and their agent, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein or the failure of the Authorized Representative(s) to identify property the remains of the individual or take possession of or make permanent arrangements for the disposition of such remains. No warranties expressed or implied are made and damages shall be limited to the refund of the cremation fee paid hereunder.
- H. If the remains have a pacemaker implanted, radiation producing implant or any other device that could be explosive, if such device exists, I have instructed the Funeral Director or others to remove it before delivery to the crematory. I also agree that in the event of my failure to notify the Funeral Director or any others responsible for the removal of such a device, I will be liable for any damages to the Crematory or any injury to Crematory Personnel. I have been advised that if it is my intention to save any items or retain any metallic or non-metallic items such as tooth fillings, jewelry or prosthesis, it is my right and responsibility to remove or cause them to be removed prior to cremation. I hereby expressly disclaim any right or interest in any items, metallic or non-metallic, not removed prior to cremation, and I authorize the crematory to dispose of any/all of these items recovered after the cremation process in whatever manner and place in its sole and absolute discretion shall determine.

Signature X _____
(Authorized Representative) (First Name) (State Signer Relationship) (Dated)

Address _____ Tel.No _____

Signature X _____
(Authorized Representative) (First Name) (State Signer Relationship) (Dated)

I HEREBY ACKNOWLEDGE RECEIPT OF SAID CREMATED REMAINS FOR THE PURPOSE SET FORTH ABOVE

Signature _____ Date _____ Time _____

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 Mcfarland Family Funeral Home FD1679 1-661-792-3866 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.

KERN COUNTY SHERIFF'S OFFICE

1350 Norris Road, Bakersfield, CA 93308
661.391.7500 - www.kernsheriff.org

DONNY YOUNGBLOOD
Sheriff - Coroner - Public Administrator



Mortuary Release Form

EMAIL: kcsfuneralinfo@kernsheriff.org or Fax: (661) 392-6747

Please read and answer all questions before signing

WAS THE DECEDENT LEGALLY MARRIED AT TIME OF DEATH... _____

DOES THE DECEDENT HAVE ANY ADULT LIVING CHILDREN ... _____

HEALTH AND SAFETY CODE * CHAPTER 3 * CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vest in, and the duty of interment and liability for the reasonable cost of interment of the remains devolves upon the following: (a) The surviving spouse. (b) The surviving adult child or majority of adult children. (c) The surviving parent or parents of the decedent. (d) The surviving person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.

WARNING: The person signing this "Order for Release" is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code 7110). It is also a criminal offense to knowingly file a false statement with any government agency. (Penal Code Section 115 and 470). Therefore, please release the body upon completion of your investigation of the death of said decedent to:

MORTUARY: Mcfarland Family Funeral Home FD1679 TELEPHONE NO: 1-661-792-3866

NAME OF NEXT-OF-KIN (PRINT): _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE NO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I hereby authorize the mortuary listed above to act as my agent and to take possession of the remains and of all the decedent's personal property under the immediate control of the Kern County Sheriff/Coroner/Public Administrator. ***I understand that the Kern County Sheriff/Coroner is not responsible for any cost or stolen property resulting from this release.***

SIGNED: _____ DATE SIGNED: _____

PRINT NAME: _____

If not next-of-kin, sign above and explain why next-of-kin is not handling. If the executor, attach a copy of the will or health care directive.

Next-of-kin: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

VERIFICATION OF IDENTITY: I certify that I have verified the identity of the above-named party, and that I have done so pursuant to Section 13104(d), of the California Probate Code, State of California.

MORTUARY REPRESENTATIVE: _____ DATE: _____

DECEDENT INFORMATION – FILL IN ALL BLANKS BELOW-TYPE OR PRINT ONLY

First Name		Middle			Last	
Date of Birth		Age	Sex	Date of Death	Hour of Death	
Race	State of Birth		SSN #		Marital Status	
Occupation		Type of Business		Employer		
Residence Street Address			City		County	Zip Code

FINAL DISPOSITION OF REMAINS

Funeral Director	Type of Disposition	Location of Disposition
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Coroner Section 34970 McMurtrey Ave., Bakersfield, CA 93308
Phone: (661) 392-6700 or Fax: (661) 392-6747

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Mcfarland Family Funeral Home FD1679
(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:

MCFARLAND FAMILY FUNERAL HOME FD1679 425 WEST PERKINS AVE. MCFARLAND CA. 93250
(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, Mcfarland Family Funeral Home FD1679
(funeral establishment name)
license number FD1679 **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.

Decedent's Name: _____

The standard time interval for the return of cremated remains to you family after the cremation process has completed is **seven to ten business days** (does not include weekends or holidays). This period of time is measured from when we first received your loved one into our care to when your loved one's cremated remains are received in our office from the crematory. If cremated remains are needed by the family at an earlier date than our standard cremation time period, we do offer an expedited cremated process where we may be able to provide your loved one's cremated remains in a much shorter time. The fee for our expedited cremation process is \$300.00. Due to wait periods with doctors and local and state government agencies that are outside of our sphere of control, the expedited cremation services still cannot be guaranteed. If we are unable to complete the expedited cremation process by the date and time specified, we will cheerfully refund the expedited process fee of \$300.00 to you.

Initial Here

The business hours of Mcfarland Family Funeral Home FD1679 are **Monday through Friday, from 9:00a.m. to 5:00p.m.** If cremated remains or death certificates need to be picked up during non-operating days and hours, a staff member of the mortuary will need to come to the office during non-work hours and a fee of \$100 will apply and must be paid prior to pickup.

Initial Here

The standard price of cremation at Mcfarland Family Funeral Home FD1679 is stated in our General Price List. This price is for standard-sized cremations (250 lbs or less). **If your loved one is over 250 lbs, additional charges will apply** (see price ranges below). Over 400 lbs. requires approval from crematory. If there is a battery operated implanted device, it will need to be removed by trained staff and there is a fee of \$100 that will apply.

***Overweight Fee:** \$300 (251 lbs.~300 lbs.) \$500 (301 lbs.~350 lbs.) \$700 (351 lbs. ~400 lbs.) over 300 lbs. may require special container (air tray at an additional fee).

***Additional Refrigeration fee:** After 10 days of refrigeration, a daily rate of \$195.00 will be applied. This rate will only apply on a case by case-bases. Example: Funeral home has repeatedly attempted to make contact with next of kin, next of kin has failed to stay in contact with Funeral home expediting the duration of contractual agreement.

Initial Here

I have read the aforementioned statements and understand and acknowledge them fully.

Printed Name: _____

Signed Name: _____

Date Signed: _____ Time: _____