



Certified copies of the death certificate are a service provided by the Health Department. We will order the number of copies you request when we file the original document. Normally, allow at least ten county working days to receive the certified copies you have requested after the certificate has been filed. You can always get additional certified copies if you should need them.

Examples of places that may require a certified copy: Social Security, Life Insurance Policies, Bank Accounts, Pension Funds, Savings Accounts, County Recorder's Office (property), DMV, Securities (Stocks and Bonds).

VITAL STATISTICS				
Name of Deceased: First:		Middle:		Last:
AKA:		Embalming: No Yes	Coroner's Case? No Yes #	
Date of Birth:	Age:	Sex:	Date of Death:	Hour of Death:
State of Birth:	Social Security Number	Military Service:	Marital Status:	Education:
Race:	Hispanic: No Yes	If Hispanic, what is the Hispanic Origin?		
Occupation: (Do <u>not</u> used "Retired")		Kind of Business:		Years in Occupation:
Residence: (Street and Number or Location)				
City:	County:	Zip Code:	Years of County:	State:
Informant Name:	Relationship:	Mailing Address:		
Name of Surviving Spouse – First:		Middle:		Last: (Maiden)
Father's Name – First:		Middle:	Last:	Birth State:
Mother's Name – First:		Middle:	Maiden Name:	Birth State:
Place of Disposition: (Where the remains are to be kept or buried)				Type of Disposition:
Number of Death Certificates:	Only persons authorized to release information and death certificates:			
INFORMANT'S INFORMATION				
By signing below you are accepting the information as correct for use in the Death Certificate				
Informant's Signature:			Relationship:	
Informant's Primary Telephone:		Informant's Secondary Telephone:		
Primary Email:		How did you hear about us?		
If usual residence is in Ventura County, would you like a free death notice in the Ventura County Star? Yes No				

May we follow up with you via Text Message? Yes No

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ORDER FOR RELEASE

TO: WHOM IT MAY CONCERN

DECEASED: _____

HEALTH AND SAFETY CODE – SECTION 7100 – CUSTODY AND DUTY OF INTERMENT

(a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:

- (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code.
- (2) The competent surviving spouse.
- (3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children.
- (4) The surviving competent parent or parents of the decedent.
- (5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.
- (6) The surviving competent adult person or persons respectively in the next degrees of kinship or, if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons.
- (7) A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- (8) A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- (9) The public administrator when the deceased has sufficient assets.

The undersigned hereby certify that they have the legal right to take custody and make disposition of the "deceased". **Therefore, please release the body of said deceased to Rose Family Funeral Home with this ORDER FOR RELEASE.**

Signature

Name and Relationship

Address

City, State, Zip

Date

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4444 Cochran Street • Simi Valley, CA 93063 • Phone: 805.581.3800 • Fax: 805.581.3260
rosefamilyfuneralhome@gmail.com • www.rosefamilyfuneralhome.com • FD1760

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)



The Federal Trade Commission's Funeral Industry Practices Rule requires certain disclosures and prohibits misrepresentations. This Disclosure/Disclaimer for is a check list we ask those we serve to read and sign, if during the funeral arrangements, we complied with the following statements.

I/We made arrangements for the funeral and final disposition of _____, do hereby attest to the following:

- 1) I/We were presented a General Price List effective on June 3, 2021 prior to discussing prices, services, or merchandise.
- 2) I/We were shown a Casket Price List effective on January 16, 2020 prior to the viewing or discussing the prices of caskets, if applicable.
- 3) I/We were shown an Outer Burial Container Price List effective on February 1, 2008 prior to viewing or discussing the prices of outer burial containers, if applicable.
- 4) I/We were shown a Cremation Urn Price List effective on July 11, 2018 prior to viewing or discussing the prices of cremation urns, if applicable.
- 5) I/We were told that embalming is not required by local, state or federal law and were told that the laws do not require embalming except in certain special cases. If it was provided, this was done with my/our permission.
- 6) I/We were told that no local, state or federal law requires embalming for direct cremations, immediate burial, a funeral using a hermetically sealed casket, or if refrigeration is available, and the funeral is without viewing or visitations.
- 7) I/We were told that no local, state or federal law requires a casket for direct cremation.
- 8) I/We were told that local, state or federal law does not require the purchase of an outer burial container or any of the funeral goods and services I/We selected, except as set forth on the statement of funeral goods and services selected.
- 9) No claims were made to me/us stating that the merchandise or other offerings (embalming, casket, outer burial container, cremation urn, etc.) of this funeral home, would delay the decomposition of the remains for a long term or indefinite time, or would protect the body from graveside substances.
- 10) No representations or warranties were made to me/us about the protective features of caskets, outer burial containers, or cremation urns, other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service I/we arranged were the expressed written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose were extended to me/us by the funeral home.
- 11) I/We were given any manufacturers written warranties for their respective products (caskets, outer burial containers, cremation urns, etc.).
- 12) I/We, the undersigned, hereby acknowledge that a copy of the Department of Consumer Affairs guide entitled "Consumer Guide to Funeral and Cemetery Purchases" was provided for retention prior to the drafting of this contract".

Witnessed by Funeral Home Representative

Purchasers:

Date Signed

Date Signed

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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.