

**RELEASE AUTHORIZATION**

**TO:** \_\_\_\_\_

**THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE  
REMAINS OF: Mr./Ms.** \_\_\_\_\_

**TO: Cali Home Funeral Services, 211 Oak Valley Lane, Escondido, CA 92027.  
FD #2057 Telephone: (858)722-2185. (619) 708-9716 Fax (888) 245-5399  
INCLUDING ITS AGENTS:**

\_\_\_\_\_

\_\_\_\_\_

**The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above named decedent. The undersigned further represent that they have the legal right to make this authorization.**

_____ (signature)	_____ (relationship to decedent)	_____ (date)
<b>Full name:</b> _____		

_____ (signature)	_____ (relationship to decedent)	_____ (date)
<b>Full name:</b> _____		

## 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 for 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)

# INFORMATION FOR DEATH CERTIFICATE and DISPOSITION PERMIT

(Please check for accuracy to avoid delaying permit approval)

1. Name First		2. Middle		3. Last (Family)	
Also Known As: (include Full name First, Middle, Last)		4. Date of Birth (MM/DD/YYYY)		5. Age If under One Year Month - (Day - Hours ) If under 24 hrs (hours- Minutes') ___M, ___D or ___Hr, ___Min	
9. Birth State/Foreign Country		10. Social Security Number		11. Ever In U.S. Armed Forces?	
				12. Marial Status Married, Single, Divorced, Never Married, Widows	
				7. Date of Death	
				8. HOUR (24 hours) ____: ____	
13. Education -- Highest level/Degree		14/15. Was Decedent Spanish/Hispanic/Latino?		Decedent's Race --- Up to 3 races may be listed	
17. Usual Occupation (type of work for most of life. Do not use Retired)		18. Kind of Business or Industry		19. Years in Occupation	
20. Decedent's Residence (street and number)				21. City	
				22. County	
				23. Zip Code	
				24. Years in county	
26. Informant Name (First Last) / Relationship		27. Informant's Mailing Address and Telephone N			
28. Name of Surviving Spouse/SRDP FIRST		29. MIDDLE		30. LAST (Birth Name)	
31. Name of Father FIRST		32. MIDDLE		33. LAST	
				34. BIRTH STATE	
35. Name of Mother FIRST		36. MIDDLE		37. LAST (Birth Name)	
				38. BIRTH STATE	
101. Place of death: Address: _____ Hospital (ER, IP, DOA) or Hospice					
118. Attending Physician Name, Mailing Address, Tel, Fax number				Last day seen by Dr.	
Last Location of disposition: Cemetery or address keeping cremains					
Prepared by: Name: _____ Tel: _____					

## Disclosure of Preneed Funeral Agreement

The funeral establishment, CALI HOME FUNERAL SERVICES

License Number FD #2057, DOES ☒, DOES NOT ☐, (check one) have a preneed arrangement, as defined below, made by 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 time 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 complete 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.