



250 S. State St., San Jacinto, CA 92583  
(951) 654-2255 FAX (951) 654-2258  
FD-1765

**ORDER FORM**

**SAN JACINTO VALLEY MORTUARY STATEMENT OF FUNERAL GOODS & SERVICES**

FOR (deceased)

Death has occurred

Death is imminent (soon to happen)

**DELIVERY ONLY**

Removal of deceased (transportation per transportation schedule, below) ● Sheltering in our climate-controlled room ● Obtaining doctor's or medical examiner's cause of death ● Preparing a disposition permit (required by law) ● Filing the death certificate with the county ● Ordering death certificates as requested ● Arranging with the cemetery of choice for the delivery ● Delivery to the cemetery for interment (see transportation schedule, below) ● No service or family present with this plan.

**TOTAL INTERNET DISCOUNTED PRICE WITHOUT CASKET \$995.00**

(price does not include cemetery fees)

Caskets available from \$595. Choose from selection on next page.

Regular Price: \$1,395.00

**CLICK THIS BOX TO  
CHOOSE THIS  
SERVICE**

**GRAVESIDE SERVICE WITHOUT VIEWING**

Same as service above with a graveside service for the family to attend. This service also includes a hearse and a director at the service.

**TOTAL INTERNET DISCOUNTED PRICE WITHOUT CASKET \$1,595.00**

(price does not include cemetery fees)

Caskets available from \$595. Choose from selection on next page.

Regular Price: \$2,472.00

**CLICK THIS BOX TO  
CHOOSE THIS  
SERVICE**

**GRAVESIDE SERVICE WITH VIEWING**

Same as graveside above except the mortuary will provide embalming, dressing, normal cosmetology, up to a 4-hour visitation time for the family and friends at our mortuary or a place the family will provide on the same day of the burial. We will also provide home visitation if requested. The body may remain at the home overnight, as is customary in Mexico, for example (an additional transportation charge may apply).

**TOTAL INTERNET DISCOUNTED PRICE WITHOUT CASKET \$1,995.00**

(price does not include cemetery fees)

Caskets available from \$595. Choose from selection on next page.

Regular Price: \$2,678.00

**CLICK THIS BOX TO  
CHOOSE THIS  
SERVICE**

**TRADITIONAL SERVICE**

To the above service, add a chapel service at our mortuary or church service at your church.

**TOTAL INTERNET DISCOUNTED PRICE WITHOUT CASKET \$2,450.00**

(price does not include cemetery fees)

Caskets available from \$595. Choose from selection on next page.

Regular Price: \$3,085.00

**CLICK THIS BOX TO  
CHOOSE THIS  
SERVICE**

SERVICE PRICE

**ORDER FORM  
CASKET SELECTION**

1. **CLICK ON BOX TO CHOOSE CASKET TYPE**  
2. **CLICK ON CIRCLE TO CHOOSE CASKET COLOR**  
(click on color description for larger picture, which will open in separate browser window)



**Minimal Casket \$595.00**  
Gray-cloth-covered particle board w/ white crepe lining



**Jessup (20 Gauge Gasketed) \$1,995.00**  
Monarch Blue / Silver (71065176)  
Ebony / Gold (71065174)  
White / Gold (71065173)  
Silver / Dark Gunmetal (71065172)  
Orchid / Silver (71079272)  
Copper/ Ebony (71065175)



**Wayland Noble \$2,495.00**  
Silver, white velvet interior (H1801)  
Blue, blue velvet interior (H1821)  
Rose, pink velvet interior(H1808)



**Redding (20 Gauge Non-Gasketed) \$1,495.00**  
Silver (71085691)  
Blue (71085692)



**Wayland In Honor \$1,795.00**  
Platinum finish, white velvet interior with embroidered U.S. flag (H1803)



**Wayland Glen Rose \$2,350.00**  
Antique white, pink velvet interior (H1807)



**Sentry (20 Gauge Non-Gasketed) \$1,595.00**  
White / Pink (71011031)  
White / White (71011012)  
Venetian Bronze (71011015)  
Silver (71011011)  
Orchid (71011013)  
Monarch Blue (71011014)  
Copper (71013477)



**Perfection \$975.00**  
Lamb Blue (40)

CASKET PRICE

Casket Name & Color



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Transportation Schedule	Transportation from Hospital, Nursing Home, or Coroner	Transportation from Residence
Riverside County (except Blythe), San Bernardino County (except Needles), San Diego County, Orange County, Los Angeles County (except Antelope Valley), Ventura County . . .	\$125.00 . . .	\$225.00
Blythe . . . . .	\$350.00 . . .	\$450.00
Needles . . . . .	\$395.00 . . .	\$495.00
Antelope Valley . . . . .	\$175.00 . . .	\$275.00
Ventura County . . . . .	\$350.00 . . .	\$450.00
Imperial County . . . . .	\$300.00 . . .	\$400.00
Santa Barbara County . . . . .	\$400.00 . . .	\$500.00
Kern County . . . . .	\$400.00 . . .	\$500.00

CORONER'S FEE (If deceased is at coroner's office)	
N/A	
Riverside County . . . . .	\$320.00
San Bernardino County . . . . .	\$253.35
San Diego County . . . . .	\$280.00
Los Angeles County . . . . .	\$374.00
Orange County . . . . .	\$318.00
Ventura County . . . . .	call us
Santa Barbara County . . . . .	call us
Kern County . . . . .	call us
Imperial County . . . . .	call us

**Please Note:** These are the actual fees charged by the coroner. We do not add any charges for submitting the paperwork for you.  
**CLICK HERE FOR REQUIRED RELEASE FORMS.**

- Selected Service .....
- Selected Casket .....
- Transportation Fee .....
- Coroner's Fee.....
- Memorial Register Book     \$60.....
- Memorial Folders     100 (\$100).....
- Custom Memorial Folders with Picture (4x5)  
    100 (\$125) .....
- Acknowledgment Cards  
    25 (\$30) .....
- Prayer Cards     100 (\$125) .....
- Crucifix (\$20) .....
- Rental Flowers (\$75).....
- Grave Marker (flat headstone) (\$600).....
- Clerical assistance for interment at Riverside  
   Nat'l Cemetery (\$75).....
- Certified copy of death certificate  
       \_\_\_ copies @ \$21.00.....
- California State disposition burial permit (\$12) .....
- Total of non-taxable items .....
- Total of taxable items.....
- Sales tax (7.75%) .....
- Total .....

**CEMETERY FEES ARE ADDITIONAL  
 IF THERE ARE ANY OTHER ADDITIONAL CHARGES,  
 WE WILL EXPLAIN THEM AND BILL YOU SEPARATELY**



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**ALL OF THESE FORMS ARE ESSENTIAL AND REQUIRED BY STATE LAW**

1. Fill out or check all spaces highlighted in blue.
2. Print filled-out forms.
3. Sign and/or initial where appropriate (California law does not allow for "electronic" signatures at this time).
4. FAX all forms (including this cover page) to us at (951) 654-2258.

Alternatively:

1. Print forms.
2. Fill out and sign/initial forms.
3. FAX all forms (including this cover page) to us at (951) 654-2258.

**ALSO FAX THE FOLLOWING:**

**COPY OF PICTURE ID OF EACH PERSON SIGNING.**

**COPY OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE (IF APPLICABLE)**

**COPY OF CALIFORNIA REGISTERED DOMESTIC PARTNERSHIP CERTIFICATE (IF APPLICABLE)**

IN RE: (name of deceased) \_\_\_\_\_

CURRENTLY LOCATED AT \_\_\_\_\_

Please check one of the following:  A death has occurred  A death is imminent (will happen soon)

**FORMS INCLUDED IN THIS PACKAGE**

**VITAL INFORMATION FORM (1 page)**

The information on this form is used by us to complete the information necessary for the non-medical portion of the official death certificate.

**ORDER FOR RELEASE (1 page)**

This form is a declaration that you have the right to control disposition according to state law and is also a written release if required by the facility of death.

**DISCLOSURE OF PRENEED FUNERAL ARRANGEMENT (1 page)**

This form makes explicit the existence or absence of a preneed arrangement.

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING (1 page)**

This form serves as written confirmation concerning your or your custodian's desires about embalming.

**FTC DISCLOSURE/DISCLAIMER (1 page)**

This form certifies compliance with FTC disclosure regulations.



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### CREDIT CARD INFORMATION

Type of Card: \_\_\_ VISA \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover

Name of Cardholder (please print): \_\_\_\_\_ Telephone # \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit ID # on Reverse of Card: \_\_\_\_\_ 4 Digit ID # on Front of American Express: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Signature of Purchaser / Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address (to email a receipt of payment) \_\_\_\_\_

By signing above I acknowledge and agree to pay for the final services of the deceased, and I authorize San Jacinto Valley Mortuary to perform the requested services. I agree to pay the balance listed on this statement. I understand and agree that by signing above I am assuming personal liability for the charges set forth in this statement. I hereby agree to all above charges and acknowledge receipt provided by email or will be provided upon release of cremated remains.

Purchaser acknowledges that price lists have been supplied electronically on this website.

In connection with the funeral agreements made by purchaser for the decedent named on page one, purchaser hereby confirms to seller that:

1. Purchaser was provided a General Price List prior to discussing or upon beginning discussion of, the prices of funeral goods or funeral services, the overall type of funeral disposition, or the specific funeral goods or funeral services offered by the seller.
2. Purchaser was provided a Casket Price List upon beginning discussion of but in any event before being shown caskets.
3. Purchaser was provided an Outer Burial Container Price List upon discussion of, but in any event before being shown, outer burial containers.
4. Purchaser was advised that the law does not require embalming except in certain special cases. Purchaser was not advised that embalming is required for direct cremation, immediate burial, or a closed casket funeral without viewing or visitation when refrigeration is available and when state or local law does not require embalming. If embalming was provided for a fee, it was done with purchaser's approval or the permission of someone authorized to give approval.
5. Purchaser was not advised that state or local law requires a casket for direct cremation or that a casket (other than an alternative container) is required for direct cremation.
6. Purchaser was not advised that state or local law requires the purchase of an outer burial container. Purchaser was advised, however that many cemeteries do require that purchaser have such a container so that the grave will not sink in, and that either a grave liner or a burial vault will satisfy these requirements.
7. Purchaser was not advised that any funeral goods or funeral services offered by seller would delay the natural decomposition of human remains for a long term or indefinite time, or that any such funeral goods have protective features or will protect the body from gravesite substances when such was not the case. No representations or warranties were made to purchaser about the protective features of caskets or outer burial containers other than those made by the manufacturers. Purchaser was advised that the only warranties, expressed or implied, extended in connection with any funeral goods sold with the funeral service were the express written warranties, if any, extended by the manufacturers thereof. No express warranties, and no warranties of merchantability or fitness for a particular purpose, were extended by the seller to purchaser with respect to those funeral goods.
8. Purchaser was not advised that the price charged for a cash advance item was not the same as the cost to seller for the item when such was the case.
9. Certain charges may be estimated and if the difference between such estimates and such actual charges is less than \$ 10.00, no refund to you or billing us for the difference will be made.

Signature of Purchaser: \_\_\_\_\_ Printed Name of Purchaser: \_\_\_\_\_

Purchaser's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchaser's Telephone #: \_\_\_\_\_ Purchaser's Email Address: \_\_\_\_\_

# SAN JACINTO VALLEY MORTUARY

250 S. STATE STREET, SAN JACINTO, CALIFORNIA 92583  
(951) 654-2255 FAX (951) 654-2258

FD-1765

## VITAL INFORMATION FORM

This information is required for the top portion of the Death Certificate.

Please type or print as clearly as possible. All Information will be used for the official certificate.

1. Name of Decedent - First		2. Middle			3. Last		
AKA - Include full AKA (First, Middle, Last)				4. Date of Birth		5. Male <input type="checkbox"/> Female <input type="checkbox"/>	
9. Birthplace		10. Social Security Number		11. US Military Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		12 Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> SRDP <input type="checkbox"/>	
13. Highest Level of Education			14/15 Hispanic (If yes, specify) Yes _____ No _____			16. Race - List up to 3	
17. Usual Occupation - NOT Retired				18. Kind of Business or Industry			19. Years in Occupation
20. Decedent's Residence (Street and number)							
21. Decedent's City of Residence			22. County		23. Zip Code	24 Years in County	25. State/Country
26. Informant's Name , Relationship				27. Informant's Full Mailing Address			
28. Name of <u>Surviving</u> 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
40. Place of Final Disposition - Name and address of cemetery, <u>or</u> Name and address of person keeping cremains at their residence.							
41. Type of Final Disposition - Check all that apply Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Sea Scatter <input type="checkbox"/> Scientific use <input type="checkbox"/> Out of State Transit <input type="checkbox"/>							

I certify to the best of my knowledge the above information is true and correct, and I release San Jacinto Valley Mortuary from any and all charges that may occur in the correction of the official record due to this information.

Signature \_\_\_\_\_

Name:	Relationship:
Phone Number:	

Primary Care Physician:
Phone Number of Physician:



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### Order For Release

To: \_\_\_\_\_

Date: \_\_\_\_\_

Order for the release of the body of: \_\_\_\_\_

#### Next of Kin

I certify that, pursuant to Section 7100, Health and Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, please release the body of the above named deceased into the custody of San Jacinto Valley Mortuary.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### Nonrelative

Reason for handling arrangements if not next of kin: \_\_\_\_\_

I, \_\_\_\_\_, bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the cost of all funeral services in connection therewith of the above named mortuary.

Signed \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ City, State \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_



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### Disclosure of Preneed Funeral Agreement

The funeral establishment, San Jacinto Valley Mortuary, license number FD-1765,  
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.





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**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)



FAX THIS PAGE TO US  
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### FTC DISCLOSURE/DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practices Rule requires certain disclosures and prohibits 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.

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

The undersigned received a General Price List effective on June 20, 2014 prior to discussing prices, services or merchandise.

The undersigned received a Casket Price List effective on June 20, 2014 prior to viewing or discussing prices of caskets.

The undersigned received an Outer Burial Container Price List effective on \_\_\_\_\_ prior to viewing or discussing prices of outer burial containers.

The undersigned were not told that embalming is required by law, and were told that the law does not require embalming except in certain cases. If embalming was provided, it was with the permission of the undersigned.

The undersigned were not told that the law requires embalming for direct cremation, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation. The undersigned were informed that the law does not require a casket for direct cremation. The undersigned were informed that the law does not require the purchase of an outer burial container.

The funeral home made no representation to the undersigned that embalming or the use of any merchandise available from the funeral home would delay decomposition of the remains for a long time or indefinite time.

The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufacturers of the good. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.

Name \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature