



250 S. State St., San Jacinto, CA 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 transcribed onto the official death certificate. THANK YOU.

1. NAME OF DECEDENT - FIRST		2. MIDDLE		3. LAST	
AKA ALSO KNOWN AS -Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH		5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
9. BIRTHPLACE	10. SOCIAL SECURITY NUMBER	11. U.S. MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		12. MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SRDP <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	
13. HIGHEST LEVEL OF EDUCATION		14/15. SPANISH/HISPANIC/LATINO? (If yes, specify) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		16. RACE (list up to 3)	
17. USUAL OCCUPATION. <b>DO NOT ENTER "RETIRED."</b>		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 AND RELATIONSHIP			27. INFORMANT'S FULL MAILING ADDRESS		
28. NAME OF <u>SURVIVING</u> SPOUSE - FIRST		29. MIDDLE		30. LAST (If wife, enter MAIDEN NAME)	
31. NAME OF DECEDENT'S FATHER - FIRST		32. MIDDLE	33. LAST		34. BIRTH STATE
35. NAME OF DECEDENT'S MOTHER -FIRST		36. MIDDLE	37. LAST (MAIDEN NAME)		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) <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> SEA SCATTER <input type="checkbox"/> SCIENTIFIC USE <input type="checkbox"/> OUT-OF-STATE TRANSIT					

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 \_\_\_\_\_ DATE \_\_\_\_\_

NAME	RELATIONSHIP
PHONE NUMBER	
PRIMARY CARE PHYSICIAN	
PHONE NUMBER OF PHYSICIAN	



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### Order For Release

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Mortuary will fill in this line.

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.

Name Printed \_\_\_\_\_

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

"Pre need arrangement," "pre need 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)

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. County Crematory 192 Commerce Dr. Perris, CA 92571 License CR131

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize cremation, processing and disposition of the remains of \_\_\_\_\_ (hereinafter referred to as the deceased) address \_\_\_\_\_

I/We hereby request and authorize \_\_\_\_\_ (Hereinafter referred to as the "funeral home") to take possession of and make arrangements for cremation of the remains of the deceased at County Crematory (hereinafter referred to as the "crematory"). I/We authorize the crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the deceased as follows: (initial below)

<b>VIEWING BEFORE CREMATION (initial one; initialing "no" below will authorize immediate cremation without an opportunity to view the deceased prior to cremation and this option is permanent and irreversible</b>	
Viewing Before Cremation (initial one) charges apply	Yes _____ -or- No _____
Viewing Date _____ Time _____ Place _____	
Special handling/other (Specify) _____	T# _____

Description of Urn(s) Selected \_\_\_\_\_ Number of urns \_\_\_\_\_ Number of permits \_\_\_\_\_ Description \_\_\_\_\_

Return to the Funeral Home \_\_\_\_\_  
Deliver to (Name and Address) \_\_\_\_\_  
List persons authorized to pickup cremated remains. List 2 full names and phone numbers. You must have State or Federal ID at time of pickup

Scattering at sea by Funeral Home or Funeral Home's agent attach form (Authorization For Scattering Cremated Remains At Sea)  
Ship per USPS regulations within the U.S.A. Mail to (Name) \_\_\_\_\_

INITIAL(S) below \_\_\_\_\_ (address) \_\_\_\_\_  
Self \_\_\_\_\_  
Other authorized representative. Attached copy of POA for Health Care, Relinquishment of Rights with legible copy of State or Federal Identification (drivers license, passport, state ID, or copy of the Will stating cremation) \_\_\_\_\_  
Surviving Spouse \_\_\_\_\_  
I am the sole surviving adult child of the deceased \_\_\_\_\_  
We represent the majority of the surviving adult children \_\_\_\_\_ out of \_\_\_\_\_ children.  
I/We are the surviving adult child/children of the deceased and have used reasonable efforts to notify all other surviving adult children and I/We are not aware of any opposition to the cremation of the decedent on the part of one-half or more of all surviving children.  
I/We am/are the \_\_\_\_\_ # person(s) respectively in the next degrees of kindred and accept all responsibility for cremation & disposition of the deceased.

(THIS SECTION FOR OFFICE USE ONLY)

I the undersigned hereby acknowledge the receipt of the cremated remains of the Deceased named above, and have full legal right, Authority to take possession of above named deceased.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_ License # \_\_\_\_\_

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, and regulations and policies of the crematory and funeral home, and the following terms and conditions: The remains of the Deceased will not be accepted for cremation unless received by the crematory in a combustible, leak resistant, rigid alternative or cremation container and shall be labeled with the name of Funeral Home and the name of the deceased. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. In the event the remains of the deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation, and dispose of such items at its discretion. I/We hereby certify that the remains **DO DO NOT (INITIAL ONE) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICES.** If implanted devices are not removed the devices will be destroyed and disposed of at the discretion of the crematory and will be unrecoverable. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation. Certain items, including but not limited to, body prostheses, dentures,

T#

**Name of Deceased**

Jewelry and other personal articles accompanying the remains of the Deceased will be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber they may be separated from the cremated remains of the Deceased and disposed of by the Crematory, the Crematory is authorized to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges or jewelry, and to dispose of such materials. In the event that any mechanical devices, such as pain pumps, pacemakers, and the like are removed from the deceased by the Crematory you may request that said device(s) be delivered to an organization which utilizes such devices for research, but no such devices shall be returned to the family or next of kin of the deceased due to biohazard risks of lay persons handling such a device(s). Should you wish any such medical device (s) be sent to any research or other medical organization, please list the device and the name of the medical organization below AND provide a container suitable for shipping with prepaid postage within 10 days following cremation. If you fail to list any device handling requests herein, all devices will be disposed of as medical waste. If you fail to provide a container suitable for shipping with prepaid postage to the crematory within 10 days of cremation, the crematory is hereby authorized to dispose of any device(s). **Device** \_\_\_\_\_ **Name, Address, & Phone Number of Organization:** \_\_\_\_\_

Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized by processing to an unidentifiable consistency prior to placement in an urn or other temporary container. 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. Unless an urn or container suitable for shipment is purchased, the crematory will place the cremated remains of the Deceased in a temporary container. If the cremated remains container cannot accommodate all the 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 and returned together with the primary urn or temporary container. The human body burns with the casket, container or other material in the cremation chamber. Some bone fragments are not combustible 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 that 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 accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea. In the event that we provide any mementos of the deceased such as thumbprints, strands of hair or the like, we make no representation as to the purity of any biological material or the appropriateness of use for any medical or forensic purpose. The cremation processing of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. In the event the cremated remains of Deceased remain unclaimed for a period of 30 days, the Authorizing Authority will be notified by certified mail at the address indicated on this Authorization. In the event the cremated remains of the Deceased remain unclaimed for a period of 60 days after the date such written notification is mailed, the crematory is authorized and direct to dispose of the unclaimed cremated remains of the deceased in any lawful manner it may deem appropriate. I/ We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein. Any intentional or negligent misrepresentation made by any of the undersigned in connection with the cremation and disposition of the cremated remains of the deceased or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

\*Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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**DECLARATION FOR DISPOSITION OF CREMATED REMAINS**

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_  
Name of Person Arrangements are for

in the possession of San Jacinto Valley Mortuary (951-654-2255), will be cremated by  
County Crematory (951-940-4126) and shall be disposed of in the following manner (note 1)

\_\_\_\_\_  
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 \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition or Self, if prearranging

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

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 services : \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) contracting for cremation services

Signed \_\_\_\_\_ Lic.# \_\_\_\_\_ Date \_\_\_\_\_  
Funeral Director, Employee, or Agent for Funeral Establishment If Funeral Director

Note 1: See Health and Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.  
Note 2: See Health and Safety Code Sections 7100 for the list of person(s) with the legal right to control disposition of human remains.

**IMPORTANT: Business and Professions Code 7686.2(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.**

California Department of Consumer Affairs, Cemetery and Funeral Bureau [www.dca.ca.gov/cemetery](http://www.dca.ca.gov/cemetery) (Rev 3/2003)

**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.



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 January 16, 2019 prior to discussing prices, services or merchandise.

The undersigned received a Casket Price List effective on January 16, 2019 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**





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ORDER FORM

FOR (deceased)	Death has occurred
	Death is imminent (soon to happen)
Person filling out this form _____	Phone number _____
Email address _____	

**This Order Form Consists of 7 Pages  
All pages must be filled out and faxed to us.**

**Choose the Type of Service You Want:**

**SIMPLE CREMATION (no memorial or graveside service)**

**\$439**

Price includes:

- caring of deceased in our climate-controlled environment prior to cremation
- managerial and administrative support
- preparation of death certificate and disposition permit
- coordinating with medical examiner if necessary
- obtaining cause of death from physician and have approved by county
- obtaining physician's signature on death certificate and filing with county
- arranging for cremation
- placement in selected approved cremation container
- standard cremation (standard cremation is based on the deceased weighing 250 pounds or less and not having any implanted devices such as pacemakers or pumps that have batteries.)
- provision for pickup of cremated remains by authorized person at our San Jacinto office
- cremation within 8 days of obtaining California disposition permit

**PLUS cost of cremation container, transportation, applicable fees, cash-advance items, options chosen by survivors, and other necessary fees and charges.**

- Check this box AND initial here \_\_\_\_\_ if you want this service.
- Check this box if you are NOT going to supply the cremation container/casket.

**Note: Cremation container, transportation, applicable fees, cash-advance items and other necessary fees and charges are extra**

**CREMATION with MEMORIAL OR GRAVESIDE SERVICE**

**\$889**

Price includes:

- caring of deceased in our climate-controlled environment prior to cremation
- managerial and administrative support
- preparation of death certificate and disposition permit
- coordinating with medical examiner if necessary
- obtaining cause of death from physician and have approved by county
- obtaining physician's signature on death certificate and filing with county
- arranging for cremation
- placement in selected approved cremation container
- standard cremation (standard cremation is based on the deceased weighing 250 pounds or less and not having any implanted devices such as pacemakers or pumps that have batteries.)
- provision for pickup of cremated remains by authorized person at our San Jacinto office
- cremation within 8 days of obtaining California disposition permit
- service vehicle, if needed
- The memorial service may be scheduled for any time, before or after cremation, in our chapel or at another location the family may select. A graveside service can be arranged so long as there is sufficient time to complete the cremation.

**PLUS cost of cremation container, transportation, applicable fees, cash-advance items, options chosen by survivors, and other necessary fees and charges.**

- Check this box AND initial here \_\_\_\_\_ if you want this service.
- Check this box if you are NOT going to supply the cremation container/casket.

**Note: Cremation container, transportation, applicable fees, cash-advance items and other necessary fees and charges are extra**

**TRADITIONAL SERVICE FOLLOWED BY CREMATION (extra charge for casket)**

**\$1,289**

This price is for service held in our chapel. Service may be conducted at another location; however, there is an additional charge for use of the hearse. Price includes:

- caring of deceased in our climate-controlled environment prior to cremation
- managerial and administrative support
- preparation of death certificate and disposition permit
- coordinating with medical examiner if necessary
- obtaining cause of death from physician and have approved by county
- obtaining physician's signature on death certificate and filing with county
- arranging for cremation
- placement in selected approved cremation container
- standard cremation (standard cremation is based on the deceased weighing 250 pounds or less and not having any implanted devices such as pacemakers or pumps that have batteries.)
- provision for pickup of cremated remains by authorized person at our San Jacinto office
- cremation within 8 days of obtaining California disposition permit
- embalming
- body preparation (dressing, cosmetology, placing in viewing casket)

**PLUS cost of cremation container, transportation, applicable fees, cash-advance items, options chosen by survivors, and other necessary fees and charges.**

- Check this box AND initial here \_\_\_\_\_ if you want this service.
- Check this box if you are NOT going to supply the cremation container/casket.
- Check this box if you want us to supply a rental casket (wood, medium oak) for the service (\$695)

**Note: Cremation container, transportation, applicable fees, cash-advance items and other necessary fees and charges are extra**

Base Price of Selected Service  Cremation Container  Rental Casket

### Urn Selection

I/We will supply urn or approved container for the remains of the deceased.  
 (There is a \$30 inurnment fee if you supply the urn or container.)

YES  NO

Inurnment Fee

If you are **NOT** going to supply your own urn, choose from the selection on this page.

Note about "splitting" ashes: We will be happy to supply smaller "keepsake" urns if some survivors would like to have them. The state of California requires a separate Disposition Permit (at \$12 per permit) for EACH of the smaller urns. Check this box  if you want to discuss splitting ashes.

To Choose an Urn: Click on **BOTH** boxes under the picture. This will enter both the price and the urn ID on the order form. For a larger image of an urn (in a new and separate window) click on the picture.



Simple Urn  
\$25.00



Basic Wood  
EUXL18  
\$95.00



Handcarved  
Rosewood Tree of Life  
RW-XL  
\$130.00



MarquisWalnut  
V-4  
\$195.00



Florentine White  
with flowers  
B-1500-A-W  
\$295.00



Berkshire Silver  
and Red Brass  
7707-10  
\$295.00



Blue Aluminum Alloy  
with Three Birds  
7725-10  
\$195.00



Classic Blue Brass  
with Brass Bands  
B-2291-A  
\$285.00



Our Lady of  
Guadalupe  
M-150LG  
\$215.00



Brushed Brass  
with Three Rings  
B-1555-A  
\$230.00



Hand-Etched Black  
& Golden Brass  
B-1570-A  
\$275.00



Pink Marble Alloy  
w/Hand-Engraved Band  
A-3251-A  
\$175.00



Purple Alloy  
A-2249-A  
\$195.00



Rose Porcelain  
30-C-300  
\$265.00



Enamel & Nickel  
\$289.00

Click to Choose Urn

Click Desired Color

- Purple B-1528-A-PUR  Turquoise B-1528-A-Turq  
 Green B-1528-A-G  Pink B-1528-A-PINK  
 Blue B-1528-A-BB



Doves  
Inlaid Walnut  
U-10  
\$325.00



Brushed Brass w/  
Hand-Engraved Design  
B-2872-A  
\$275.00



Silver-Color Alloy  
AU-CLB-A  
\$165.00



Alloy in Green, Blue-Gray,  
or Blue  
\$215.00

Click to Choose Urn

Click Desired Color

- Green A-1410-A  Blue-Gray A-1413-A  Blue A1411-A



Brass in Brushed Pewter  
w/Butterfly Design  
B-3236-A  
\$259.00



Marbled Crimson  
30-A-422  
\$275.00



Dark Emerald  
U1-CM-20  
\$275.00



Arlington  
U1-AC-A  
\$245.00



Colonial Urn  
30-H-300  
\$275.00



Teal Alloy  
A-2250-A  
\$259.00

Selected Urn Name/Number

Selected Urn Price



250 S. State St., San Jacinto, CA 92583  
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 FD-1765

**Transportation Fee  
 The Deceased Is At:**

**Hospital, Nursing Home,  
 or Coroner's Office**

- Riverside County (except Blythe) . . . . . \$125.00
  - Blythe . . . . . \$350.00
- San Bernardino County (except Needles) . . . \$125.00
  - Needles . . . . . \$395.00
- San Diego County . . . . . \$125.00
- Orange County . . . . . \$125.00
- Los Angeles County (except Antelope Valley) \$125.00
  - Antelope Valley . . . . . \$175.00
- Ventura County . . . . . \$350.00
- Imperial County . . . . . \$300.00
- Santa Barbara County . . . . . \$400.00
- Kern County . . . . . \$400.00

**Residence**

- Riverside County (except Blythe) . . . . . \$225.00
  - Blythe . . . . . \$450.00
- San Bernardino County (except Needles) . . . \$225.00
  - Needles . . . . . \$495.00
- San Diego County . . . . . \$225.00
- Orange County . . . . . \$225.00
- Los Angeles County (except Antelope Valley) \$225.00
  - Antelope Valley . . . . . \$275.00
- Ventura County . . . . . \$450.00
- Imperial County . . . . . \$400.00
- Santa Barbara County . . . . . \$500.00
- Kern County . . . . . \$500.00

Transportation Fee

**Is the deceased at a coroner's office?      Yes      No**

**If the deceased is at a coroner's office,  
 there is a release fee charged by the  
 coroner's office. WE DO NOT ADD ANY  
 CHARGES TO THIS FEE.**

**Click on the county name, below,  
 to get the correct release in a new window.**

- |                |               |
|----------------|---------------|
| Riverside      | Ventura       |
| San Bernardino | Santa Barbara |
| San Diego      | Kern          |
| Los Angeles    | Imperial      |
| Orange         |               |

**CORONER'S RELEASE FEE**  
 (If deceased is at coroner's office)

- 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

Coroner's Release Fee



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Does the deceased weigh more than 250 pounds? **Yes** **No**

If the deceased weighs more than 250 pounds, there are three surcharges: one for the weight of the deceased, one for a special wooden casket (\$185), and one for cremation of the special casket (\$200). **NOTE RE WEIGHT OF DECEASED: If estimated weight of deceased is more than 250 pounds, the mortuary will bill for the additional charge(s) and you agree to pay that additional charge.**

INITIAL (required)

Additional Charge if Deceased Weighs More than 250 Pounds (choose applicable weight range)				<input type="checkbox"/> CLEAR SELECTION
<input type="checkbox"/> 251-275	\$225	<input type="checkbox"/> 376-400	\$350	
<input type="checkbox"/> 276-300	\$250	<input type="checkbox"/> 401-450	\$450	
<input type="checkbox"/> 301-325	\$275	<input type="checkbox"/> 451-500	\$550	
<input type="checkbox"/> 326-350	\$300	<input type="checkbox"/> 501-550	\$600	
<input type="checkbox"/> 351-375	\$325			

551 - 1,000 lbs: Call us for quote.

Cost of special casket

Cremation charge (for deceased plus casket)

Does the deceased have an implanted device such as a pacemaker or pump that requires batteries? If so, the device must be removed at a cost of \$75.....  
 YES  NO

Do you want us to prepare unembalmed remains for ID viewing (maximum 6 persons for one hour) before cremation? \$175 .....  
 YES  NO

Do you want rush cremation? (within 3 days of us receiving disposition permit from state) \$330.....  
 YES  NO

Do you want the cremation witnessed? (maximum 6 persons, 15 minutes, minimal preparation, at crematory) \$330.....  
 YES  NO

Do you want the cremated remains shipped by priority mail? (signature required) \$125 .....  
 YES  NO

Do you want the cremated remains scattered at sea by boat? (non-witnessed, non-recoverable off coast of San Diego County) \$100.....  
 YES  NO

Do you want us to perform clerical assistance for interment at Riverside National Cemetery? \$75 .....  
 YES  NO

Do you want us to deliver the cremated remains to Riverside National Cemetery? (no service) \$65.....  
 YES  NO

Do you want the cremated remains permanently placed in a community grave at Evergreen Memorial Park in Riverside, Calif.? \$150 .....  
 YES  NO

How many copies of the death certificate do you want? \$21 per copy. \_\_\_\_\_  
COPIES



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(We will discuss details of the following items with you by phone or in person.)

Memorial Register Book (\$60)  YES  NO .....

Memorial Folders  0  100 (\$100).....

Custom Memorial Folders with Picture (4x5)  0  100 (\$125).....

Acknowledgment Cards  0  25 (\$30) .....

Prayer Cards  0  100 (\$125) .....

Crucifix(\$20)  YES  NO.....

Rental Flowers (\$75)  YES  NO.....

Grave Marker (flat headstone) (\$600)  YES  NO .....

CLICK THIS BOX WHEN YOU ARE FINISHED WITH YOUR ORDER

**A Total Summary of Your Order Is on the Next Page  
FAX THAT PAGE TO US**



250 S. State St., San Jacinto, CA 92583  
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For (deceased)

Death Is Imminent    Death Has Occurred

Person Filling Out Order Form

E-Mail Address

Phone

TOTALS OF GOODS AND SERVICES

Selected Service .....

Certified copy of death certificate

Cremation Container Supplied by SJVM (\$15) ....

\_\_\_\_\_ copies @ \$21.00 .....

Rental casket (\$695) .....

Memorial Register Book .....

Transportation Fee from Table on page 4 .....

Memorial Folders .....

Survivor-supplied urn/container (\$30) .....

Custom Memorial Folders w/Picture .....

Urn from San Jacinto Valley Mortuary .....

Acknowledgment Cards .....

Urn Name .....

Prayer Cards .....

Please discuss keepsake urns with me.

Crucifix .....

Coroner's Fee (if applicable) from Page 4 .....

Rental Flowers .....

Overweight Charge According to Weight

(if applicable) from Table on Page 4

Plus \$200 charge for casket cremation .....

Grave Marker .....

Wooden cremation container required for cremation  
of deceased weighing more than 250 pounds (\$185) .....

California disposition burial/cremation  
permit (\$12) (required fee) .....

If deceased weighs more than 250 pounds and the weight is  
greater than your estimate, you agree to pay the surcharge  
for the actual weight. INITIAL HERE .....

State of California Department of  
Consumer Affairs fee (\$8.50) (required fee) .....

Remove implanted device (\$75) .....

Total of Non-Taxable Items .....

Prepare unembalmed remains for ID viewing  
(maximum 6 persons for one hour) (\$175) .....

Total of taxable items .....

Rush Cremation  
(within 3 days of receiving disposition  
permit from State of California) (\$330) .....

Sales tax (7.75%) .....

TOTAL .....

Witness cremation (6 persons, 15 minutes,  
minimal preparation, at crematory) (\$330) ....

Additional Charges (explained below) .....

Shipping by priority mail signature  
required mail (\$125) .....

Sea scattering by boat (non-witnessed, non-  
recoverable off coast of San Diego County)  
(\$100) .....

Clerical assistance for interment at Riverside  
Nat'l Cemetery (\$75) .....

Delivery to Riverside Nat'l Cemetery  
(no service) (\$65) .....

Permanent placement in community grave  
at Evergreen Memorial Park in  
Riverside, Calif. : \$150 .....

IF THERE ARE CHARGES IN ADDITION TO THOSE  
ON THIS ORDER FORM  
WE WILL EXPLAIN THEM AND BILL YOU SEPARATELY



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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.



FAX THIS PAGE TO US  
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## PURCHASE AGREEMENT

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 tenn 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.

Printed Name of Purchaser \_\_\_\_\_

Signature of Purchaser \_\_\_\_\_

Purchaser's Address \_\_\_\_\_  
\_\_\_\_\_

Purchaser's Telephone Number \_\_\_\_\_

Purchaser's Email Address \_\_\_\_\_