

Featheringill Mortuary  
 6322 El Cajon Blvd., San Diego, CA 92115  
 (619) 583-9511

### Information for use on the Death Certificate

Name First	Middle	Last	
Also Known as ( <i>include full name</i> ):			
Date of Birth:	Birthplace:	Date of Death: Time of Death:	
Social Security Number:	Marital Status: Married / Divorced / Widowed / Never Married		
U.S. Military Service? Yes / No / unknown		Branch:	Date Entered: Date Discharged:
Surviving Spouse: First	Middle	Last ( <b>Maiden if female</b> )	
Usual Occupation: Title of job, not retired.	Type of Business or Industry	Years in Occupation:	
Education (enter the answer from the back of this sheet):			
Race (enter the answer from the back of this sheet):			
Street address of the deceased:			
City:	County (if other than San Diego):	State:	Zip Code:      Years in County:
Father of the deceased: First	Middle	Last name	State of Birth:
Mother of the deceased: First	Middle	<b>Maiden Last Name</b>	State of Birth:
Name of the "Informant" and relationship to the deceased:			
Mailing Address of the "informant":			
Informant's Phone numbers: (Only used by mortuary to contact you)			
Email: (Only used by mortuary to contact you)			

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: Featheringill Mortuary  
(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:

Featheringill Mortuary - 6322 El Cajon Blvd, San Diego, CA 92115  
(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: ~~X~~ \_\_\_\_\_, 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, Featheringill Mortuary,  
(funeral establishment name)  
license number FD 1083, **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.

FEATHERINGILL MORTUARY  
FEATHERINGILL COLLEGE CENTER CHAPEL  
6322 El Cajon Blvd.  
San Diego, California 92115  
State License # FD1083

ACKNOWLEDGMENT OF DISCLOSURE/DISCLAIMER

The Federal Trade Commission Trade Regulation Rule for "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. This Acknowledgment of Disclosure/Disclaimer form is a check list we ask those we serve to read and sign if during the arrangements for the funeral of



\_\_\_\_\_  
(NAME OF DECEASED)

1. I/We were shown/given a General price List effective on January 28, 2014 prior to discussing prices, services or merchandise.
2. I/We were shown/given a Casket Price List effective on December 2, 2013 prior to discussing prices or caskets.
3. I/We were not told that embalming is required by law and were told that the law does not required embalming except in certain special cases. If embalming was provided, it was done with my/our permission.
4. I/We were not told that any law requires embalming for direct cremations, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the funeral is without viewing or visitation and with a closed casket.
5. I/We were not told that any law requires a casket for direct cremation or that a casket other than an unfinished wood box is required for direct cremation or for direct disposition.
6. 7. I/We were told that state law does not require the purchase of an outer burial container or any of the funeral goods or services I/we selected except as set forth on the statement of funeral goods and services selected.
7. No claims were made to me/us as to the merchandise or other offerings of this funeral firm (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from the funeral firm would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from graveside substances if such was not the case. No representations or warranties were made to us about the protective features of caskets or outer burial containers other than those make by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufacturers of such goods. No other warranties were extended to us.
8. I/We were told that the amount of each of the cash advance items was the cost to the funeral firm except were such was the case. I/We were told that the funeral firm's cost may be different based on volume or cash discounts or other professional/trade customs where permitted by state or local law.
9. I/We were shown/given a State of California Department of Consumer Affairs' "Consumer Guide to Funeral & Cemetery Purchases".

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witnessed:

\_\_\_\_\_  
(Signature of Funeral Firm Representative)

~~\_\_\_\_\_~~  
(Signature of Funeral Purchaser)

\_\_\_\_\_  
(Relationship to Deceased)

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in

the possession of Featheringill Mortuary (619) 583-9511, will be cremated by

Southern California Crematory (951) 471-1111 and shall be disposed of in the

following manner (Note 1): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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 & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

IMPORTANT: Business and Professions Code § 7685.2(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.

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.

# Southern California Crematory

## AUTHORIZATION FOR CREMATION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition the remains of \_\_\_\_\_  
Name of Deceased

Address of Deceased \_\_\_\_\_  
(herein after referred to as the "Deceased").  
I/We hereby request and authorize FEATHERINGILL MORTUARY (Hereinafter referred to as the "Funeral Home") to take  
Name of the Funeral Home

possession of and make arrangements for the cremation of the remains of the Deceased at SOUTHERN CALIFORNIA CREMATORY  
Name of the Crematory  
(herein 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:

Is special handling required?  Yes  No Describe \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping:  Yes  No

Deliver to \_\_\_\_\_  
Name and Address of Crematory

Release to Family \_\_\_\_\_  
Name of Designated Family Member to Receive Cremated Remains

Scattering at sea by Funeral Home or Funeral Home's Agent \_\_\_\_\_

Ship via \_\_\_\_\_  
To: Name \_\_\_\_\_ Address \_\_\_\_\_

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the files, 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 cremation container. The Crematory is authorized to remove and dispose of the handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the Funeral Home or Crematory to make disposition of any such non-combustible casket in any lawful manner it deems appropriate.

Mechanical or radioactive devices implanted in the remains of the Deceased (such as a pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. 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 OF THE DECEASED DO  DO NOT  CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.  
Please Initial One

If no instruction for disposition is given, such items may be disposed at the discretion of the Funeral Home.

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 direct flame.

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 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.

Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically processed to a unidentifiable consistency prior to placement in an urn or other container.

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 fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains for the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Except as set forth in the Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.



Crematory and Funeral Bureau  
1625 North Market Blvd., Suite S-208  
Sacramento, CA 95834

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

I/We warrant that all representation and statements made herein are true and correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

**WITNESS**

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

In the absence of a living spouse and in the absence of instructions by the decedent, a funeral director or cemetery authority may rely on instruction given by the child or children who represent:

- A.  The above are the sole surviving child or children
- B.  That they constitute a majority of the surviving children
- C.  That they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instructions on the part of half or more of all surviving children.

**SIGNATURE REQUIRED ON REVERSE**