

SAN DIEGO CREMATION SERVICE

TO: San Diego Cremation Service

I, or my responsible party request my registration with San Diego Cremation Service and instruct the organization to cause my body to be removed after death has been medically established and to cause my body to be cremated and to scatter cremated remains at sea, or

STATISTICAL INFORMATION REQUIRED FOR DEATH CERTIFICATE

First Name Middle Name Last Name

Sex Race Date of Birth State of Birth

Name of Father Birth Place of Father State
First Middle Last

Maiden Name of Mother Birth Place of Mother State
First Middle Maiden

Social Security # Prior to Retirement Usual Occupation

Type of Business Years in Occupation

Years of Education Usual Residence - NOT P.O. Box #
(or type of Degree)

City County State Zip Code Years Lived in County

Marital Status, Please Check One: Name of Spouse
If Wife, Give Maiden Name
 Married Never Married Divorced Widowed
First Middle Last

If Veteran: Date of Enlistment Place of Enlistment
Date of Discharge Place of Discharge
Serial No. Rate or Rank
Branch of Service

Name of Person in Charge of Arrangements

Relationship Telephone Number

Mailing Address Street City State Zip Code

To help us serve you better, may we ask how you came to hear of us?

DECLARATION: I believe all the above to be true and correct.

CHARGES: I understand that the charge for the above services shall be paid in full before the cremation.

DATED _____

SIGNATURE _____

NOTICE: YOU ARE NOT REGISTERED WITH SAN DIEGO CREMATION SERVICE UNTIL THIS FORM AND REGISTRATION FEE ARE RECEIVED AT OUR OFFICE. PLEASE MAIL THEM NOW.

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)