

To: Best Cremation Care

From: _____

Phone: _____

Email: _____

Fax: 866-246-1521

Date: _____

Total pages being submitted: _____

This paperwork pertains to (**check one**):

☐ Planning ☐ Imminent Death ☐ Death has Occurred

My loved one is at (**check one**): ☐ Coroner's Office ☐ Hospital ☐ Funeral Home ☐ Residence / Nursing Facility

Email Instructions:

Fill in and check the forms thoroughly, save forms as .PDF with data included and email to CareCA@BestCremation.com

Fax Instructions:

If you don't have the ability to scan the form with the data and signatures included, please fax to 866-246-1521.

1. Fax Cover Page
2. Vital Information Form
3. Main Contact and Next of Kin Contact Information
4. Authorization for Release (If death has occurred)

Disclaimer: This message is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged, confidential, proprietary, or exempt from disclosure under applicable law. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying, or in any way using this message. If you have received this communication in error, please notify the sender and destroy and delete any copies you may have received.

Best Cremation Care offers affordable cremation services to families who desire basic cremation without a funeral-home coordinated memorial. In order to serve our families in the most efficient and cost effective way possible, we have established a few terms of service.

Terms of Service

1. **Payment is required prior to Best Cremation Care taking your loved one into our care – including Coroner/Medical Examiner fees. We accept all major credit cards.**

All Coroner/Medical Examiner offices have a schedule of fees and require payment at the time we pick up your loved one. These fees will be listed on your Statement of Goods and Services and charged to the credit card you provide. Best Cremation Care will then pay these fees on your behalf.

2. The decedent does not exceed the weight of 600 lbs. (Note: There may be an additional charge for persons over 250 pounds. Please call us for additional information.)
3. The decedent must be within the counties listed on our website only.
4. Decedents who pass away at home or at a nursing facility will be brought into our care immediately. We will pick up the decedent from a hospital or medical examiner/coroner's office during normal business hours after the cremation forms have been completed and payment in full has been secured.
5. The Legal Next of Kin signs authorization documents online using a secure, e-signing process. See below for an explanation of who the Legal Next of Kin is in California.

The California Health and Safety Code lists the persons who have the right to make decisions about disposition arrangements after an individual's death unless other written instructions are left. They are listed in the following order:

Decedent
Agent under DD Form 93
Agent under a Power of Attorney for Healthcare
Spouse OR Registered Domestic Partner
Child / Children over age 18 (majority)
Parent / Parents
Sibling / Siblings (majority)
Grandparents, Grandchildren (majority)
Great-Grandchildren, Nephews, Nieces, Uncles, Aunts, Great Grandparents

All persons must be competent. And, except for spouses and parents, all persons must be at least 18 years of age. Domestic partners must be registered with the Secretary of California.

Decedent's wishes must comply with the Health and Safety Code Section 7100.1 to be binding.

VITAL INFORMATION FORM

The information below will be used on the official Death Certificate. It is imperative that it be accurate. If any box is left blank, we will assume it is unknown and follow the guidelines of the State's electronic death registry system.

DECEDENT'S PERSONAL INFORMATION				
1. DECEDENT – FIRST	2. MIDDLE	3. LAST (family)	8. SOCIAL SECURITY NO.	6. SEX
4. BIRTH DATE	5. AGE	7. DATE OF DEATH		
		Date		Time
9. BIRTH STATE / FOREIGN COUNTRY	10. ARMED FORCES (Branch)?		19. MARITAL STATUS	
13. EDUCATION (Highest Level)	16. RACE (Up to Three)		14/15. WAS DECEDENT SPANISH/HISPANIC?	
17. DECEDENT'S OCCUPATION		18. TYPE OF INDUSTRY OR BUSINESS		19. YEARS IN OCCUPATION
USUAL RESIDENCE				
20. DECEDENT'S RESIDENCE (Physical Street Address)				22. COUNTY/PROVIDENCE
21. CITY	25. STATE	23. ZIP CODE		24. YRS. IN COUNTY
INFORMANT				
26. INFORMANT'S NAME & RELATIONSHIP		27. INFORMANT'S FULL MAILING ADDRESS		
SPOUSE & PARENT INFORMATION				
28. NAME OF SURVIVING SPOUSE – FIRST, MIDDLE, LAST (Maiden Name)				
29. NAME OF FATHER – FIRST, MIDDLE, LAST				30. BIRTH STATE
31. NAME OF MOTHER – FIRST, MIDDLE, LAST (Maiden Name)				32. BIRTH STATE
BURIAL / DISPOSITION INFORMATION				
33. PERMANENT LOCATION WHERE REMAINS WILL BE KEPT (i.e. Name/Address Of Cemetery or Name of Person and Residential Address)				

I state that the information above is true and correct. Further, I release Best Cremation Care from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ **DATE:** _____



CALL 877-878-7988

Main Contact and Next of Kin

(As listed on Page 2)

Main Contact

_____	_____	_____	_____
Full Name	Relationship	Phone	Email
(Person coordinating final arrangements may also be the Next of Kin.)			

Next of Kin #1

_____	_____	_____	_____
Full Name	Relationship	Phone	Email

Next of Kin #2

_____	_____	_____	_____
Full Name	Relationship	Phone	Email

Next of Kin #3

_____	_____	_____	_____
Full Name	Relationship	Phone	Email

Next of Kin #4

_____	_____	_____	_____
Full Name	Relationship	Phone	Email



CALL 877-878-7988

AUTHORIZATION FOR RELEASE

Regarding: _____ [Decedent's Full Legal Name]

Date of Birth: _____ [MM/DD/YYYY]

I hereby certify as signed below, that in accordance with the wishes and majority approval of all others so authorized by SS.7100 of the California Health and Safety Code, I have the right to control the disposition of the above named decedent.

I direct that the remains of the above named decedent be released or delivered without delay to Best Cremation Care or its agent on request.

The deceased, HAS _____, or HAS NOT _____ to my knowledge, any communicable disease or been exposed to one, and, DOES _____, or DOES NOT _____ have any radioactive isotopes.

All valuables and/or personal property of the decedent are to remain at the place of death until further notice unless I specifically authorize otherwise in writing.

Authorized Signature

Date

Authorizer's Printed Full Name

Authorizer's Primary Phone

Authorizer's Street Address

City / State / ZIP

Driver's License # or Identification #

I hereby agree to hold Best Cremation Care harmless and to indemnify it or its assignees and/or agents from any and all claims, demands or damages which may be made or declared by reason of their acting according to this authorization.

Location of Decedent:

Facility Name

Facility Address