

CALL 877-878-7988

To:	Best Cremation Care		From:	
Phone:	:		Email:	
Fax:	866-246-1521		Date:	
Total p	pages being submitted:			
This	paperwork pertains to (check one):			
	Planning	nt Deat	th 🛭 I	Death has Occurred
My lov	ved 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 inclu	uded and email to	CareCA@BestCremation.com
Fax In	nstructions:			
If you	don't have the ability to scan the form with the da	ata <u>and signat</u>	ures included, ple	ease fax to 866-246-1521.
1.	Fax Cover Page			
2.	Vital Information Form			
3.	Main Contact and Next of Kin Contact Informatio	n		
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.	8. SOCIAL SECURITY NO.		6. SEX
4. BIRTH DATE	5. AGE					7. DATE C		
				Date			Time	
9. BIRTH STATE / FOREIGN COL	D FORCES (Branch)? 19. MARITAL S			19. MARITAL ST	TATUS			
13. EDUCATION (Highest Level) 16. RACE (Up to Three) 14/15. WAS DECEDENT SPANISH/HISPA						PANISH/HISPANIC?		
17. DECEDENT'S OCCUPATION	18. TYPE OF INDUSTRY OR BUSINESS			19. YEARS IN OCCUPATION				
			USUAL RESIDEN	CE				
20. DECEDENT'S RESIDENCE (F	Physical Street A	Address)				22. COUNTY/PROVIDENCE		
21. CITY	25. STATE 23. ZIP CODE				24. YRS. IN COUNTY			
			INFORMANT					
26. INFORMANT'S NAME & RELA	ATIONSHIP		27. INFORMAI	NT'S FULL	MAI	LING ADDRESS		
		SPOUS	SE & PARENT INFO	RMATION				
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 WH	IERE REMAINS	WILL BE KI	EPT (i.e. Name/Addi	ress Of Cer	mete	ry or Name of Pers	on and Re	esidential 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:			DA	ΓE:				

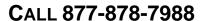




Main Contact and Next of Kin

(As listed on Page 2)

Main Contact				
Full Name (Person coordinating final arrangement)	Relationship ents may also be the Next of Kin.)	Phone	Email	
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	





AUTHORIZATION FOR RELEASE

Regarding:	[Decendent's Full Legal Name]
Date of Birth:	[MM/DD/YYYY]
	accordance with the wishes and majority approval of all others so authorized by SS.7100 of the right to control the disposition of the above named decedent.
I direct that the remains of the above nar request.	ned decedent be released or delivered without delay to Best Cremation Care or its agent or
The deceased, HAS, or HAS NOT or DOES NOT have any radioactive	to my knowledge, any communicable disease or been exposed to one, and, DOES e isotopes.
All valuables and/or personal property o authorize otherwise in writing.	the decedent are to remain at the place of death until further notice unless I specifically
Authorized Signature	Date
Authorizer's Printed Full Name	Authorizer's Primary Phone
Authorizer's Street Address	
City / State / ZIP	
Driver's License # or Identification #	
	are harmless and to indemnify it or its assignees and/or agents from any and all claims, e or declared by reason of their acting according to this authorization.
Location of Decedent:	
Facility Name	
Facility Address	