



NEW JOURNEY CREMATION ARRANGEMENT FORMS

Fax to: New Journey Cremation & Funeral Services at 760-818-8770

Or Email to: info@newjourneycremation.com

From: _____ Phone: _____
Email: _____ Date: _____
Decedent's Full Name: _____
Decedent's Current Location: _____

PLEASE CHECK ONE OF THE FOLLOWING: DEATH HAS OCCURED
 DEATH IS IMMINENT (SOON)

IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THESE FORMS, PLEASE CALL US AT 760-565-6258

These forms are required by the State of California to authorize cremation. Each form's purpose is described below for your information. Check the forms over thoroughly, sign, initial or otherwise complete wherever indicated.

NEW JOURNEY CREMATION STATEMENT OF FUNERAL GOODS AND SERVICES

- This agreement outlines the arrangements you're ordering and their costs.

VITAL INFORMATION FORM

- The information provided on this form is required to complete the non-medical portion of the official Death Certificate. PLEASE NOTE: Any vital information left blank will be deemed as "UNKNOWN"

HOSPITAL RELEASE FORM

- This form is required and presented to the hospital in order to bring the deceased into our care facility. (if deceased is at a coroner/medical examiner's then you may print the separate release form provided on our New Journey Cremation website)

DISCLOSURE OF PRENEED FUNERAL ARRANGEMENT

- This form indicates an existence or absence of a pre-arrangement with New Journey Cremation or a different funeral home.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

- This form serves as written confirmation of the legal next of kin's desires regarding embalming.

AUTHORIZATION FOR CREMATION (2 PAGES)

- This form authorizes New Journey Cremation to handle the cremation of the deceased. Reminder: 51% of closest next of kin must authorize the cremation.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

- This page describes the details of final disposition of the cremated remains (residence, cemetery, county of sea scattering)

ALSO INCLUDE:

- Copy of picture ID for each person signing (REQUIRED)
- Copy of Durable Power of Attorney for Healthcare (IF APPLICABLE)

While we operate 24 hours a day, once faxed, our administrative staff will contact you during office hours (Monday-Friday, 8:00 AM to 4:00 PM) to go over and confirm receipt of this paperwork.

DECEDENT'S PERSONAL INFORMATION	NAME OF DECEDENT - FIRST (GIVEN)		MIDDLE		LAST (FAMILY)				
	NAME OF DECEDENT - FIRST (AKA)		MIDDLE		LAST (FAMILY)				
	DATE OF BIRTH MM/DD/YYYY	AGE YRS	IF UNDER 1 YEAR		IF UNDER 24 HOURS		GENDER	DATE OF DEATH MM/DD/YYYY	HOUR
			MONTHS	DAYS	HOURS	MINUTES			
	CITY OF BIRTH	STATE OF BIRTH	SOCIAL SECURITY NO.		MILITARY SERVICE	MARITAL STATUS		EDUCATION	
	RACE			HISPANIC - SPECIFY					
			[] YES _____ [] NO						
OCCUPATION			KIND OF BUSINESS/INDUSTRY			YEARS IN OCCUPATION			
DECEDENT'S RESIDENCE	DECEDENT'S ADDRESS - NUMBER AND STREET NAME				DECEDENT'S CITY				
	DECEDENT'S COUNTY	DECEDENT'S ZIP CODE	YRS IN COUNTY	DECEDENT'S STATE OR FOREIGN COUNTRY					
INFORMANT'S INFORMATION	INFORMANT'S NAME			RELATIONSHIP		PHONE			
	ADDRESS			CITY		STATE	ZIP CODE		
	EMAIL					SECOND PHONE			
SPOUSE AND PARENT INFORMATION	NAME OF SURVIVING SPOUSE - FIRST		MIDDLE		LAST (MAIDEN NAME)				
	NAME OF FATHER - FIRST		MIDDLE	LAST		FATHER'S BIRTH STATE/COUNTRY			
	NAME OF MOTHER - FIRST		MIDDLE	LAST (MAIDEN NAME)		MOTHER'S BIRTH STATE/COUNTRY			
PLACE OF DEATH AND FINAL DISPOSITION	PLACE OF DEATH		IF HOSPITAL		OTHER FACILITY	COUNTY			
	ADDRESS				CITY		ZIP CODE		
	PLACE OF FINAL DISPOSITION								
FAMILY MEMBERS	NAME OF FAMILY MEMBER				RELATIONSHIP				
I HAVE READ AND VERIFIED THE ABOVE INFORMATION TO BE ACCURATE									
TYPE OF DISPOSITION		EMBALMING DECISION		DEATH CERTIFICATES					
		[] YES [] NO							



AUTHORIZATION FOR RELEASE OF HUMAN REMAINS AND PERSONAL PROPERTY

Name of facility (i.e. hospital, nursing home, etc.)

PURSUANT TO CA HEALTH AND SAFETY CODE; DIVISION 7; CHAPTER 2; SECTION 7053, THIS DOCUMENT IS A DEMAND FOR AND AUTHORIZATION TO RELEASE FORTHWITH THE REMAINS AND PERSONAL PROPERTY OF:

Full Name of Decedent

TO: NEW JOURNEY CREMATION & FUNERAL SERVICES

ACTING AS AGENTS FOR THE FAMILY OF THE DECEASED MENTIONED ABOVE.

Signature of Person 1 Authorizing Release

Relationship to Decedent

Print Name of Person 1

Date

Signature of Person 2 Authorizing Release (if applicable)

Relationship to Decedent

Print Name of Person 2

Date

Funeral Establishment Agent

Date

ANY PERSON WHO FAILED TO RELEASE FORTHWITH THE HUMAN REMAINS SPECIFIED HEREIN UPON DELIVERY OF THIS AUTHORIZATION FOR SUCH RELEASE SIGNED BY ANY PERSON ENTITLED TO THE CUSTODY OF SUCH REMAINS IS GUILTY OF A MISDEMEANOR UNDER THE ABOVE MENTIONED CALIFORNIA HEALTH AND SAFETY CODE; SECTION 7053.

Disclosure of Preneed Funeral Agreement

The funeral establishment, New Journey Cremation and Funeral Services,
(funeral establishment name)
license number FD 2353, **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.

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: New Journey Cremation and Funeral Services
(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:

ALL CARING SOLUTIONS 13800 SATICOY STREET VAN NUYS, CA 91402 OR, CREMATIONS CENTERS OF CALIFORNIA 73700 DINAH SHORE DRIVE SUITE-304 PALM DESERT, CA 92211

(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)

AUTHORIZATION FOR CREMATION AND DISPOSITION

DECEASED: _____

SEX OF DECEDENT: _____

FUNERAL HOME: NEW JOURNEY CREMATION & BURIAL SERVICES

I authorize All Caring Cremations, Joshua Tree Memorial Park, or Cremation Centers of California (if deceased is over 250lbs), (the "Crematory"), to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains.

[NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment of cremation. He or she is personally liable for all damaged occasioned.

CHECK CHECK CORRECT RELATIONSHIP

- ___ I am making this authorization for myself.
- ___ I am the Agent under a Durable Power of Attorney for Health Care
(Authorized counselor MUST INITIAL verifying document is valid and legally confers 7100 Right) INITIALS: _____
- ___ I am the surviving spouse of the decedent.
- ___ I am the surviving Registered Domestic Partner of the decedent.
- ___ I am (We are) the surviving child (children- all or majority)
→→ ___ **number of children** There being no surviving spouse/domestic partner)
- ___ I am (We are) the surviving parent (parents)
→→ ___ **number of parents** There being no surviving spouse/domestic partner or children.
- ___ I am (We are) all or a majority of the surviving sister(s) and brother(s)
→→ ___ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents. I am
- ___ (We are) all or a majority of the surviving niece(s) and nephew(s)
→→ ___ **number of nieces and nephews** There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- ___ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

INITIAL I certify that the remains of the Decedent DO DO NOT contain a mechanical or radioactive device.

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

INITIAL **INITIAL** _____ I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory must make special arrangements to cremate anyone in excess of 300 lbs. In the event the Decedent is over 300 lbs, another crematory may be used, and additional charges will apply.

INITIAL I certify that the Decedent is under 300 lbs. YES NO
(Note: If NO, an additional charge may apply)

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
Name of Person arrangements are for
the possession of _____ will be cremated or
Name of Funeral Establishment and Telephone Number
hydrolyzed by _____ and shall be disposed of in the following
Name of Crematory or Hydrolysis Facility and Telephone Number
manner¹: _____
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary
Name of person(s) with the legal right to control disposition²: _____

Signed _____ **Date** _____
Person(s) with legal right to control disposition to Self, if pre-arranging

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 or hydrolysis services: _____

Signed _____ **Date** _____
Person(s) contracting for cremation or hydrolysis services

Signed _____ **Date** _____
Funeral Director, Employee, or Agent for Funeral Establishment Lic. # _____
If a Funeral Director

IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS

A person having the right to control disposition of cremated or hydrolyzed human remains may remove the remains in a durable container from the place of cremation, hydrolysis, or interment, pursuant to Health and Safety Code section 7054.6.

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

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



FEDERAL TRADE COMMISSION

The Federal Trade Commission Trade Regulation for "Funeral Industry Practices" and the State of California require certain disclosures and prohibits misrepresentations.

This form is a checklist **New Journey Cremation** asks those we serve to read and sign during arrangement for the funeral of _____ who died on _____.

New Journey Cremation's staff did ____ did not ____ do the following:

I/We, who make these arrangements for the cremation and final disposition of the above named deceased, do hereby attest to the following:

1. A General Price List (GPL), effective May 01, 2023, was given/shown prior to discussing prices, services or merchandise.
2. A Casket Price List (CPL), effective May 01, 2023, was give/shown prior to discussing and selecting of casket or alternative containers.
3. I/We were not told embalming is required by law and were not advised that, except in certain special cases, the law does not require embalming.
4. In order to protect the health and safety of our families that we serve, we are advising you of our policy to dispose of any soiled garments released to us by the Coroner's office. These garments will not be released to the family in order to prevent exposure to contaminated items.
5. I/We were not told that any law requires embalming or direct cremations, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the closed casket funeral is held without viewing or visitations.
6. I/We were not told that any law requires a casket for direct cremation or that a container, other than a rigid cardboard container, is required for direct cremation.
7. No claims were made as to the merchandise or other offerings of this firm that embalming, or the use of any merchandise available, would delay the composition of the remains for a long term, indefinite time or would protect the body from graveside substance.
8. The only warranties, expressed or implied, granted in connection with goods sold with the funeral services selected and arranged were the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchandising fitness or a particular purpose were extended.

SIGN HERE

Signature

Date

New Journey Cremation Rep



SHERIFF-CORONER

COUNTY OF RIVERSIDE

CHAD BIANCO
SHERIFF-CORONER

CORONER BUREAU – WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570
PHONE: 951-443-2300
INVESTIGATIONS FAX: 951-443-2303
MORGUE FAX: 951-443-2322

CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201
PHONE: 760-863-8311
FAX: 760-863-7031
MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: _____, Deceased – Coroner File # 20 ____ - _____

REQUEST FOR RELEASE OF REMAINS

I certify that, pursuant to **Section 7100, Health and Safety Code, State of California**, that it is my legal right to control the disposition of the remains of the above named decedent. I hereby request that you release the remains in your custody to:

Name of Funeral Director/Mortuary Mailing Address, City, State, Zip Telephone Number

The person signing this request is liable for all damages caused by any untruthful statements contained in this document (**Health and Safety Code Section 7110**). It is also a criminal offense to forge or knowingly file a false statement with a government agency (**Penal Code Sections 115 and 470**).

PRINT NAME _____ SIGN _____

RELATIONSHIP _____ DATE SIGNED _____

ADDRESS _____ CITY / STATE _____

TELEPHONE NUMBER _____

PERSONAL PROPERTY ADVISEMENT

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

I elect to pick up the personal property from the Sheriff-Coroner within the ninety-day period. I understand that property not picked up within the time period will be disposed of. Call to make an appointment for release.

PRINT NAME _____ SIGN _____

FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED TOE TAG # _____ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

INITIAL PERSONAL PROPERTY INITIAL CLOTHING

REPRESENTATIVE _____ SIGNATURE _____
PRINT NAME

RELEASED BY: _____ DATE/TIME _____
NAME / TITLE