

- These are the forms required by the State of California for any type of disposition, including cremation. We have provided a brief description of what is need for completion. Feel free to call for assistance or clarification.
- Please complete and **return all** of these forms as soon as possible and double check the areas that require your signature(s) and or initial(s).
- Any errors or omissions could delay our ability to complete your wishes.
- **REMOVAL / TRANSPORTATION AND OR CREMATION WILL NOT BE PERFORMED UNTIL PAYMENT IS RECEIVED.**
- You DO NOT need to fax back the first 3 pages, they are for informational use. Thank You.

(Form # 1) Authorization For Disposition With Or Without Embalming.

Required to be completed per State of California.

This must be completed by legal next of kin per California, whether embalming is or is not required or recommended. Embalming is not required by law in California. Check the box “**DOES NOT**”

(RE) is the name of Deceased, (I) is the next of kin name,

Please sign where noted “**SIGNED**” and complete the relationship, complete date, and place, City and State.

(Form # 2) Disclosure Of Pre Need Funeral Arrangements:

Form required to be completed per State of California.

This form states *whether or not* the decedent had a written pre arranged or pre paid funeral agreement with our funeral home.

Please print and sign where states that of “**Survivor or Responsible Party**”

(Forms # 3 & 4) Authorization For Cremation And Disposition. (2 pages)

This form authorizes the legal next of kin(s) to direct the disposition of the decedent

Section I: physical description of the deceased.

Section II: Initials by all legal next of kin for the appropriate shown category Arrange for the disposition of the cremated remains, which specifies the manner to return the cremated remains, burial, scattering, release to person or by registered mail.

Section IV on Form 4: Printed names, address, telephone numbers and signatures on final page.

Please read thoroughly.

Copy of Picture ID for each person signing AND Advanced Directive.

(Form #5) Declaration For The Disposition Of Cremated Remains.

Form required to be completed by the State of California.

States that cremation is arranged for the decedent, that the cremated remains are to be disposed of in the following manner (NOTE 1), **MEANING: RESIDENCE OF FAMILY MEMBER, WITH THEIR NAME WITH ADDRESS OF WHERE CREMAINS ARE TO BE KEPT, OR NAME OF THE CEMETERY FOR BURIAL , OR SCATTERING OF THE CREMAINS AT SEA,**

THEN: Names of persons with legal right to control the disposition, list all legal next of kin (Note 2) then their signature(s) below and dated.

THEN: Name of the person contracting for the cremation and their signature and dated.

Please note the 2 areas that require names and signatures. Person(s) with the right to control disposition.

Person contracting for the cremation.

(Form # 6) Information Worksheet For The California Death Certificate.

In California, a person CAN NOT be buried, cremated or transported out State until a death certificate is filed with that health department in the County of death.

Please complete this form the best of your ability. Leave no blanks, state "unknown" if so. This is for a legal document.

Please note the marital status per California.

The State of California uses an electronic death registration system. Doctors **DO NOT** have access to the State system, thus they can not sign the death certificate at the place of death since there is no physical paper certificates now.

**** PLEASE NOTE ****

Death certificates in California are now done electronically, we are paperless. Doctors do not physically sign them at hospitals, etc. They do not have access to the State Registration System, ONLY funeral homes, Coroner and County Hospitals.

*Certified copies of the death certificate are **MAILED** by the County Public Health Dept to you **within 10 – 15 business days** from the date of filing with the county and their receipt of payment and request form, not from the date of death.*

A death certificate issued by the Coroner with a " Pending Investigation " or " Deferred " cause of death can take **up to 6 months** before a final cause of death is determined. You can submit a written request for a copy of the Coroners Investigation, Autopsy Report by mail from them directly.

We the funeral home submit your request for certified copies, we have no control of when they are mailed.

(Form # 7) Authorization For The Release Of Decedent & Personal Effects.

Hospitals now request a signed authorization to release the deceased into our care by the *legal next of kin, per California Health & Safety Code 7100.*

(Form # 8) County Sheriff-Coroner / Medical Examiner Order For Release.

This is a specific authorization to release the deceased into our care issued by the County agency, signed by the legal next of kin, *per California Health & Safety Code 7100.*

All County Coroner/ Medical Examiners now **HAVE A TRANSPORTATION FEE.** This covers **THEIR TRANSPORTATION COST** of the deceased to their facility for investigation.

THEY DO NOT TRANSPORT the deceased to the funeral home when they have completed their investigation.

The Coroner/Medical Examiner will not release without this.

Statement of Funeral Goods And Services.

This is the itemized contract of services, merchandise and fees associated with your request for the stated funeral arrangements.

ALSO INCLUDE:

- Copy of Picture ID for each person signing.
- Copy of Durable Power Of Attorney For Healthcare (if applicable)
- Copy Of California Registered Domestic Partnership Certificate (If Applicable)
- Waiver letter of Coroner transport fee. (If Applicable)

CALIFORNIA CUSTODY, AND DUTY OF INTERMENT

- **Section 7100 California Health & Safety Code.**

(a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, *and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named*

(1) An **AGENT(s)** under a **Power Of Attorney For Health Care or Advanced Directive for Healthcare** who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code, except that the agent is liable for the costs of disposition only in either of the following cases: (a) Where the agent makes a specific agreement to pay the costs of disposition. (b) Where, in the absence of a specific agreement, the agent makes decisions concerning disposition that incur costs, in which case the agent is liable only for the reasonable costs incurred as a result of the agent's decisions, to the extent that the decedent's estate or other appropriate fund is insufficient. (Must state that the agents has the right to control the disposition of the remains)

(2) The competent surviving spouse or CALIFORNIA State Registered Domestic Partner.

(3) The sole surviving competent adult child of the decedent, or if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children.

(4) The surviving competent parent or parents of the decedent

(5) The sole surviving competent adult sibling of the decedent, or if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.

(6) The surviving competent adult person or persons respectively in the next degrees of kinship, or if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons

(7) The public administrator when the deceased has sufficient assets.

PLEASE NOTE: *Less than the majority of surviving competent adult persons of the same degree of kinship shall be vested with the rights and duties of this section if those persons have used reasonable efforts to notify all other surviving competent adult persons of the same degree of kinship of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult persons of the same degree of kinship.*

Procedure When Agent or Next of Kin Fails to Act (7100 Health & Safety Code)

Example: A person has 7 days (or 10 days if they are the surviving spouse) from the date on which the right to control devolved upon them. For example, if the original rights-holder was a child of the decedent but the child failed to act within 7 days of the date of death, the right would pass (devolve upon) to the parents of the decedent, who would then have another 7 days in which to act.

This failure to act also applies to the final disposition such as failure to pick up the cremated remains.

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)



DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, Affordable Cremations of the High Desert
(Funeral Establishment Name)

license number FD 2032, **DOES** , **DOES NOT** (check one) *have a preneed arrangement*, as defined below, made by or on behalf of : _____

(NAME OF PERSON ARRANGEMENT FOR)

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 N. Market Blvd., Suite S-208
Sacramento, CA 95834
916-574-7870

X _____
Signature of the survivor or responsible party Date

X _____
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.

Authorizations For Cremation And Dispositions

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 of the remains of: _____ (hereinafter referred to as the "Deceased").

(I) PHYSICAL DESCRIPTION OF DECEASED IS REQUIRED: _____ HEIGHT: _____ / WEIGHT: _____

I/We hereby request and authorize AFFORDABLE CREMATIONS OF THE HIGH DESERT (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affordable Cremations Of The High Desert Crematory (hereinafter referred to as the "Crematory"), in accordance with and subject to its rules and regulations and the appropriate sections of the California Health & Safety Code.

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.

(II) I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased AS INITIALED BELOW:

- A. () Deliver to: _____ Cemetery (NAME AND ADDRESS OF MORTUARY / CEMETERY)
B. () Scattering at sea off the coast of California by Funeral Home or Funeral Home's agent.
C. () Authorized representative(s) to release cremated remains to: _____ (NAME OF DESIGNATED PERSON(S) OR FAMILY MEMBER(S) TO RECEIVE CREMATED REMAINS)
D. () *Ship via U.S. Priority Express Mail to: _____ Address: _____
I/We authorize shipment the remains will be mailed via U.S. Postal Service, Priority Express Mail with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are lost or damaged while in the custody of the U.S. Postal Service.

URN(s) SELECTED: _____

URN(s) TO BE SEALED: [] YES: _____ [] DO NOT SEAL: _____

(III) The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

- A. 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 handles, ornaments and any other noncombustible 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 remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
B. 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. I/We authorized the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
C. Certain items, including, but not limited to, body prostheses, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
D. I/We hereby authorize the Crematory to separate and remove from the cremation all noncombustible materials, including, but not limited to, hinges, latches, nails, and to dispose of such materials.
E. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to unidentifiable consistency prior to placement in an urn or other container.
F. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container, which is not designed for any type of shipment.
G. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
H. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the 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.

Description of Implanted Device

Disposition of Device

- I. I/We understand that "The human body burns with 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."
- J. Unless I/We give specific written instructions in the Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
- K. In the event the cremated remains of the **Deceased remain unclaimed for a period of 30 days**, the Funeral Home shall give written notice to me/we by certified mail at the address (es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, **for a period of 120 days after the date such written notification is mailed**, the Funeral Home is authorized and directed to dispose of **the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate**.
- L. 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 attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of 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.
- M. Except as set forth in this Authorization, no warranties, express or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

[NOTE: California law provides "Any person signing any 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 or cremation. He or she is personally liable for all damage occasioned by or resulting from the breach of such warranty."]

(IV) ** SIGNATURES OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION.

** Refer to California Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

I/We represent and warrant to you that I/we am/are the person(s) having the LEGAL right to control the disposition of remains of the decedent. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

X A. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

X B. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

X C. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

X D. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

X E. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

X F. * Signature: _____ Print Name: _____ Relationship: _____

* Address _____ Tel: _____

**** If this document is not signed before a staff member of Affordable Cremations of the High Desert, please attach a photocopy of photo identification with signature, or if no photo ID, then all signatures need to be notarized.**

**** Witness:**

Signature: _____ Print Name: _____ Date: _____

Arrangement Counselor Signature: _____

Signature of funeral director, employee, or agent for funeral establishment

For more information on Funeral, Cemetery, And Cremation Matters, Contact:
 Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834 ~ 916-574-7870
 California Department of Consumer Affairs, Cemetery and Funeral Bureau www.dca.ca.gov/cemetery



For more information on funeral, cemetery and cremation matters, contact:
Department of Consumer Affairs, Cemetery and Funeral Bureau,
1625 N. Market Blvd., S-208, Sacramento, CA 95834 Tel: 916-574-7870



DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in the
(Name of Person Arrangements are for)

possession of AFFORDABLE CREMATIONS OF THE HIGH DESERT, FD 2032, TEL: 760-961-0013, will be cremated by
(Name of Funeral Establishment and Telephone Number)

AFFORDABLE CREMATIONS OF THE HIGH DESERT, INC, CR# 340 (760) 961 - 0013, and shall be disposed of in the
(Name of Crematory and Telephone Number)

following manner (Note 1): _____
(Manner, Location and Other Details of Disposition)

Attach additional pages if necessary

* Name of person(s) with the legal right to control disposition (Note 2): _____

X Signed _____ Date _____
Person(s) with legal right to control disposition or Self, if prearranging

X Signed _____ Date _____
Person(s) with legal right to control disposition

X Signed _____ Date _____
Person(s) with legal right to control disposition

X Signed _____ Date _____
Person(s) with legal right to control disposition

* Name of person(s) contracting for cremation services: _____

X 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.

**** STATISTICAL INFORMATION REQUIRED FOR THE COMPLETION FOR THE CALIFORNIA DEATH CERTIFICATE ****

Complete ALL areas of this form to the best of your ability. What information you do not know, you can state **"unknown"**

****REMEMBER TO PRINT CLEARLY, ESPECIALLY IF FAXING BACK****

1. LEGAL NAME : _____ **1B. SEX:** _____
FIRST MIDDLE LAST
2. DATE OF BIRTH: _____ **2B: PLACE OF BIRTH:** _____
3. SOCIAL SECURITY NUMBER: _____ **3B: U.S. MILITARY SERVICE?** YES NO
** THE \$ 255.00 SOCIAL SECURITY DEATH BENEFIT IS ONLY PAYABLE TO THE SURVIVING SPOUSE OR TO THE MINOR CHILDREN
4. LEGAL MARITAL STATUS: **COMMON LAW IS NOT RECOGNIZED IN CALIFORNIA**
 NEVER MARRIED (NOT SINGLE) LEGALLY MARRIED WIDOWED DIVORCED (NOT SEPARATED)
5. LEVEL OF EDUCATION: (SELECT ONE OF THE FOLLOWING BELOW **OR** ENTER LAST GRADE LEVEL COMPLETED _____)
 12 NO DIPLOMA HIGH SCHOOL GRADUATE G.E.D. SOME COLLEGE
 ASSOCIATES DEGREE BACHELORS DEGREE MASTERS DEGREE DOCTRATE DEGREE
6. SPANISH / HISPANIC ? YES SPECIFY _____ / AMERICAN NO
7. RACE: (**NOT NATIONALITY**) _____
8. LAST KNOWN OCCUPATION: **STATE DOES NOT ACCEPT RETIRED OR DISABLED :** _____
9. TYPE OF INDUSTRY / BUSINESS: _____ **9B: YEARS IN OCCUPATION** _____
10. **PHYSICAL** RESIDENCE STREET ADDRESS (IF KNOWN) _____
11. CITY: _____ **11B. COUNTY:** _____
12. ZIP CODE: _____ **12B: YEARS IN THAT COUNTY:** _____ **12C. STATE:** _____
13. RESIDENCE TEL: _____
14. INFORMANT'S NAME: _____ **14B: RELATIONSHIP:** _____
(PERSON PROVIDING INFORMATION)
15. MAILING ADDRESS: _____
CITY , STATE:, ZIP CODE:
16. TEL: _____ **2ND CONTACT #** _____
17. NAME OF SURVIVING SPOUSE: _____
FIRST MIDDLE MAIDEN (BIRTH) NAME
18. DECEDENT'S FATHER'S NAME: _____
FIRST MIDDLE LAST NAME
19. **STATE OR COUNTRY** WHERE FATHER WAS BORN: _____
20. DECEDENT'S MOTHER'S NAME: _____
FIRST MIDDLE MAIDEN (BIRTH) NAME
21. **STATE OR COUNTRY** WHERE MOTHER WAS BORN: _____
22. PLACE OF DISPOSITION: AND ADDRESS (SUCH AS CEMETERY, RESIDENCE, ETC.)

23. TOTAL NUMBER OF CERTIFIED DEATH CERTIFICATES TO BE ORDERED: _____ **

**** PLEASE BE AWARE THAT THE CERTIFIED COPIES ARE ISSUED BY THE COUNTY HEALTH DEPT, NOT THE FUNERAL HOME**