

THE ISLAMIC CENTER OF SAN GABRIEL VALLEY MORTUARY, Inc.
FD -2260
19164 E Walnut Drive N, Rowland Heights, CA 91748
Tel: (562) 843 6797/Fax: (714) 752 5378

AUTHORIZATION TO RELEASE HUMAN REMAINS

Date: _____

To: _____
(Medical Institution/Mortuary/Others)

Re: _____
(Decedent Name)

I, the undersigned, hereby authorize and direct you to release the remains and personal effects of the above mentioned decedent to The Islamic Center Of San Gabriel Mortuary and its agent(s). The undersigned hereby represents that he/she has legal right to control the disposition of the remains of the decedent.

➡ SIGNED: _____ DATE: _____

NAME: _____ RELATIONSHIP: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

➡ WITNESS SIGNATURE: _____ Name _____

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VITALS SHEET

1. NAME OF DECEDENT - FIRST (GIVEN)			2. MIDDLE			3. LAST (FAMILY)			
AKA. ALSO KNOWN AS – INCLUDE FULL AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy		5. AGE YRS.	6. SEX	7. DATE OF DEATH mm/dd/ccyy		8. HOUR
9. STATE OF BIRTH/FOREIGN COUNTRY		10. SOCIAL SECURITY #		11. MILITARY SERVICE YES NO UNK		12. MARITAL STATUS AT TIME OF DEATH		13. EDUCATION (DESCRIBE)	
14/15 WAS DECEDENT HISPANIC – IF YES – SPECIFY YES _____ NO				16. DECEDENT'S RACE					
17. USUAL OCCUPATION- TYPE OF WORK FOR MOST OF LIFE DO NOT US RETIRED			18. KIND OF BUSINESS OR INDUSTRY (E.G.. GROCERY STORE..)				19. YEARS IN OCCUPATION		
20. RESIDENCE – NUMBER AND STREET/LOCATION						21. CITY OF DEATH		COUNTY OF DEATH	
21. CITY		22. COUNTY	23. ZIP		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		
26. INFORMANT FIRST NAME	INFORMANT LAST NAME		RELATION		27. INFORMANT'S MAILING ADDRESS/CITY/ZIP/STATE				
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST			29. MIDDLE		30. LAST (BIRTH NAME)				
31. NAME OF FATHER/PARENT - FIRST			MIDDLE		33. LAST		34. BIRTH STATE		
35. NAME OF MOTHER/PARENT - FIRST			MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE		
NUMBER OF DEATH CERTIFICATES REQUIRED:					CORONER CASE # (IF ANY)				
DOCTOR'S NAME			PHONE #		BURIAL ON:			AT/TIME	
NAME OF PERSON RESPONSIBLE FOR PAYMENT			SIGNATURE		TEL #:		DATE		

Burial at:

Melrose Abbey Memorial Park - 2303 3 S. Manchester Ave., Anaheim 92802 Tel: (714) 6634 1981

Rose Hills Memorial Park - 3888 Workkman Mill Road, Whittier 90601 Tel: (562) 699 09921

Westminster Memorial Park - 14801 BBeach Blvd., Westminster 92683 Tel: (714) 893 22421421

Turner & Stevens Live Oak Mortuary - 200 East Duarte Road, Monrovia, CA 91016 Tel: 626-359-5311

United Islamic Youth Organization Cemetery - 12700 Morning Glory, Adelanto, CA 9232301

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AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: **THE ISLAMIC CENTER OF SAN GABRIEL VALLEY MORTUARY, INC FD-2260**

RE: _____ (Decedent) I, _____

do ___do not ___(check one) request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

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Then returned for funeral services. I understand I may be charged an additional fee for transport. The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

➔ Signed: _____, Relationship _____.

Executed this ___ day of _____, at City _____, State ____.

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport is obtained orally (by Telephone):

The above statement of authorization and notification was read to

_____, Relationship _____, who did ___did not ___ (check one)

authorize embalming at the above named funeral establishment. City _____,

State ____, Phone _____ Date and time authorization granted: _____.

Signature of Funeral Establishment representative accepting authorization.


I declare under penalty of perjury that the foregoing is true and correct.

Executed this ___ day of _____, at City _____, State ____.

(Signed) _____

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The funeral establishment ISLAMIC CENTER OF SAN GABRIEL VALLEY MORTUARY License number **FD-22**

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 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 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 in advance of need.

Funeral Establishment’s responsibility – Business and Professions Code Section 7745 requires 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 7745.6 requires a copy of any preneed arrangement to be disclosed prior to drafting any contract for funeral goods and 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 (\$1000.00), 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:

THE DEPARTMENT OF CONSUMER AFFAIRS,
CEMETERY AND FUNERAL BUREAU, SUITE S S-208,
1625 NORTH MARKET BLVD, SACRAMENTO, CA
95834 TEL: (916) 574 7870

 _____ Date _____
Signature of the survivor or responsible party

Print name of the survivor or responsible party

Date _____

Signature of funeral establishment representative

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 (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.

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STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

NAME OF DECEASED: _____

All checks to be made payable too: **THE ISLAMIC CENTER OF SAN GABRIEL VALLY MORTUARY**

The Islamic Center of San Gabriel Mortuary CHARGES \$ _____

AMOUNT PAID \$ _____

CHECK # _____

CREDIT CARD _____

CASH _____

BALANCE \$ _____

MY SIGNATURE ACKNOWLEDGES ACCEPTANCE AND RECEIPT OF THIS CONTRACT.

➔ PURCHASER _____ **DATE** _____

PLEASE SIGN _____

For more information on funeral/cemetery matters, please contact:
DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU
1625 MARKET BLVD., SUITE S-208, SACRAMENTO, CA 95834 TEL: (916) 574 7870

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STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

(Charges are only for those items that are required by law or by a cemetery to use any items, we will explain the reason in writing below)

Name of the Decedent: _____

SECTION A: SERVICES AND MERCHANDISE

A. Basic Service of Funeral
 Director and Staff \$ _____

B. Forward/Receive Remains \$ _____

C. Care and Preparation of Remains
 Refrigeration, Ghush and Others \$ _____

D. Use of Facility/Staff \$ _____

Viewing/Identification \$ _____

Saturday/Sunday Evening \$ _____

E. Transportation Removal of Vehicle \$ _____

F Autopsy Repair \$ _____

SECTION B:

We charge you for our services in obtaining all cash advance items.
 Certain charges may be estimated (E=estimate).

Service Fee Cash Advance CC Charges \$ _____

Cemetery \$ _____

Escorts \$ _____

Permit* \$ _____

Certified copies of
 Death Certificate @\$21.00 \$ _____

Coach Transportation \$ _____

Grave MBG 106 – 1 \$ _____

Casket \$ _____

* Prices vary for other counties Weekends and Holidays.

TOTAL CHARGES \$ _____

AMOUNT PAID \$ _____

BALANCE \$ _____

(3% fee will be added on all charges paid credit card)

MY SIGNATURE ACKNOWLEDGES ACCEPTANCE AND RECEIPT OF THIS CONTRACT:

➔ PURCHASER: _____

PRINT NAME SIGNATURE DATE

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