

Vital Statistics



Full Name

First Name

Last Name

Your Address

Address 1

Address 2

City

State

Postal Code

Phone

E-mail

Date of Birth

Age

Race

Birthplace / City

State

Spouse's Full Maiden Name

Father's Full Name

Father's State of Birth

Mother's State of Birth

Social Security Number

Years of Education

Occupation

Years

Employer

Business

Residence Established
Date

City

County

Branch of Service

Serial Number

Years Served

From

To

Next of Kin

Address

City

State

Zip Code

Phone

Relationship

Doctors Name

Doctor's Phone Number

Notes

Traditional Catholic -
Viewing, Rosary, Church &
Graveside

Traditional Funeral - Viewing,
Chapel or Church & Graveside

Traditional Graveside
Services - *4 hours of
Viewing*

Veterans Graveside Service -
With or Without Viewing

Direct Burial - *With No
Services*

Traditional Cremation - *With
Viewing and Chapel Service*

Cremation With Memorial
Services

Direct Cremation

Urn

Release Form

I certify that, pursuant to section 7100, Health and Safety Code, State of California, it is my legal right to select any funeral director, therefore, please release the above named person to the custody of: ***Aaron Cremation & Burial Services.***

Signature _____

Date

Embalming Authorization

I, _____ 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
Do _____ understand that embalming is not required by law. I understand that for
Do Not _____ storage or embalming purposes the deceased may be transported to the following licensed funeral establishment: **Aaron Cremation & Burial Services.**

Signature _____

Date

Cremation Authorization

I hereby request and authorize, in accordance with and subject to its rules and regulations, the cremation of my remains at the time of death. I agree to hold the crematory and **Aaron Cremation & Burial Services** harmless from any liability on account of such authorization and cremation.

Signature _____

Date

Disposition of the Cremated Remains:

I have received copies of the "Consumer Guide to Funeral & Cemetery Purchase", a "General Price List" and a "Casket Price List" as required by the California Department of Consumer Affairs.

Signature _____

Date

Representative / Witness:

I,

authorize the individual having the right to control disposition to make changes to my pre-need arrangement contract with the knowledge that any changes will be subject to the prices at the time of contract fulfillment.

Signature _____

Date