

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV 3/06)

	STATE FILE NUMBER		LOCAL REGISTRATION NUMBER
DECEDENT'S PERSONAL DATA	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.	IF UNDER ONE YEAR Months: _____ Days: _____	IF UNDER 24 HOURS Hours: _____ Minutes: _____
6. SEX	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 Hours)
13. EDUCATION - Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
19. YEARS IN OCCUPATION			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location)		
	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE
	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST		29. MIDDLE
SPOUSE/SRDP AND PARENT INFORMATION	30. LAST (BIRTH NAME)		
	31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE
	33. LAST		34. BIRTH STATE
	35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE
FUNERAL DIRECTOR/ LOCAL REGISTRAR	37. LAST (BIRTH NAME)		38. BIRTH STATE
	39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER
	43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR
47. DATE mm/dd/ccyy			
PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA
			103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
106. CITY			

**I M P O R T A N T**

**CONFIRMATION OF ACCURACY**

I have read the above information and reviewed it for accuracy.  
 Welch-Ryce-Haider Funeral Chapels is authorized to use it to complete the  
 Death Certificate for the above name decedent.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

## DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, Welch-Ryce-Haider Funeral Chapels, license number FD303

Does  Does Not

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 the 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 in which the goods or services are not provided until time of death, and may be unfunded or may be paid for in advance of need. Under Business and Professions Code Sections 7685.6 and 7745, a copy of any preneed agreement made by, or on behalf of the decedent that is paid for in full or in part and is in the possession of the funeral establishment must be disclosed and presented to the survivor of the deceased who is handling the funeral arrangements, or the responsible party.

**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. 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

800-952-5210  
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 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 FOR DISPOSITION WITH OR WITHOUT EMBALMING**

TO: Welch-Ryce-Haider Funeral Chapels

RE: \_\_\_\_\_ (Decedent)

I, \_\_\_\_\_  Do  Do Not

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: Welch-Ryce-Haider Funeral Chapels, 15 East Sola St., Santa Barbara, CA 93101 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:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

who  Did  Did Not authorize embalming at the above named funeral establishment.

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_.

Date and time authorization granted: \_\_\_\_\_  AM  PM

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 \_\_\_\_\_.

## DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of)

\_\_\_\_\_  
NAME OF DECEDENT

in the possession of Welch-Ryce-Haider Funeral Chapels, telephone (805) 965-5145,  
will be cremated by Welch-Ryce-Haider Funeral Chapels, telephone (805) 965-5145  
and shall be disposed of in the following manner (NOTE 1):

\_\_\_\_\_  
MANNER, LOCATION AND OTHER DETAILS OF DISPOSITION

\_\_\_\_\_  
Name of person(s) with the legal right to control disposition or Self, if prearranging (NOTE 2):

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Name of person(s) contracting for cremation services:

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Funeral Director, Employee or Agent for Funeral Establishment

Signed \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_

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.**

WELCH-RYCE-HAIDER CREMATORIUM

Cremation Authorization and Disposition

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Sections 10375 and 7100, California Health and Safety Code.)

The undersigned requests and authorizes Welch-Ryce-Haider Crematory, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health and Safety Code, to cremate and process in a manner suitable for interment the remains of:

I/we represent and warrant to you that I/we am/are the person(s) having the right to control the disposition of remains of the decedent.

I/we have the right because I/we am/are: (Initial one)

- Self
the (state relationship) of decedent
acting as the agent of (state name of next of kin)
Funeral director / Cemetery Authority

I/we authorize disposition of the cremated remains to: (Initial one)

- Interment in a cemetery plot, Mausoleum Crypt or Niche
Releasing to Family
Other
Scattering at Sea by Mortuary
Scattering at Sea by Family
Forward to:

I/we expressly give permission for:

- 1) The cremation to take place including incidental or inadvertent commingling of the remains of prior cremations. (Section 7054.7 (a) (1) California Health and Safety Code).
2) The processing of the cremated remains so that they are suitable for inurnment within a cremated remains container (Section 7054.7 California Health and Safety Code).
3) I/We hereby acknowledge that I/we are responsible for the removal of any jewelry or mementos from the deceased prior to cremation.
4) I/We authorize the Funeral Home to remove any eyeglasses from the cremation container and return them to me.
5) I/We understand that any jewelry or mementos of the deceased may be destroyed during the cremation process and may not be recoverable. Any material which is recovered shall be returned to the cremated remains container (Section 7051, California Health and Safety Code).
6) The Crematory shall accept only those human remains which are in a cremation container, as defined, which is labeled with the identity of the decedent (Section 8345.5 California Health and Safety Code).
7) The Crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container (see reverse side) as defined in Section 7006.5 California Health and Safety Code.
8) In the event of there being more cremated remains than the container provided, or the urn which I/we have chosen, will hold, I/we direct Welch-Ryce-Haider Crematory to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345 California Health and Safety Code.
9) The Crematory will store the body of the deceased at a temperature no greater than 50° F unless the cremation process will begin within 24 hours of the time that the human remains were received by the Crematory. (Section 8346 California Health and Safety Code).
10) The Crematory will not cremate any human remains which contain any type of implanted pacemaker, mechanical, radioactive or silicon 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 the cremation, and dispose of such items in any lawful manner it deems appropriate.

Listed below are all implanted mechanical, radioactive or silicon devices which the Funeral Home is authorized to remove from the remains of the deceased prior to cremation, and dispose of as indicated:

Description of implanted device Disposition

I/We further acknowledge that "The human body burns with the 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 of 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." (Section 7054.7 of the California Health and Safety Code)

I/We warrant that all statements and representations are true and correct and that I/we have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/we assume full responsibility for their identity whether or not I/we viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within one (1) year of the cremation date, Welch-Ryce-Haider is authorized to inter or cause them to be interred in the cemetery. I/we hereby agree to indemnify, release and hold the Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SUITE S-208, SACRAMENTO, CA 95834 TELEPHONE (916) 574-7870

Signature Relationship
Address Date
Witness