



1 Al Rahman Plaza, Garden Grove, CA 92844
 (714) 531-1722 * FD1814
 www.isocmasjid.org

VITALS SHEET

1 NAME OF DECEDENT - FIRST (GIVEN)		2 MIDDLE		3 LAST (FAMILY)			
AKA. ALSO KNOWN AS - (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE IN YEARS 0	6. SEX	7. DATE OF DEATH	8 HOUR
9.STATE OF BIRTH/FOREIGN COUNTRY	10 SOCIAL SECURITY #	11. MILITARY SERVICE YES NO UNK <input type="radio"/> <input type="radio"/> <input type="radio"/>		12. MARITAL STATUS AT TIME OF DEATH		13. EDUCATION (DESCRIBE) -	
14/15 WAS DECEDENT HISPANIC - IF YES - SPECIFY <input type="radio"/> YES <input type="radio"/> NO		16. DECEDENT'S RACE (CHOOSE UP TO THREE)					
17 USUAL OCCUPATION TYPE OF WORK FOR MOST OF LIFE (DO NOT USE "RETIRED")		18. KIND OF BUSINESS OR INDUSTRY (E.G. GROCERY STORE...)			18. YEARS IN OCCUPATION		
20 RESIDENCE - NUMBER AND STREET/LOCATION		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		32. MIDDLE		33. LAST		34 BIRTH STATE	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38 BIRTH STATE	
NUMBER OF DEATH CERTIFICATES REQUIRED		CORONER CASE # (IF ANY)					
DOCTOR'S NAME			DOCTOR'S PHONE NUMBER		BURIAL DATE	BURIAL TIME	
NAME OF PERSON RESPONSIBLE FOR PAYMENT		SIGNATURE			TELEPHONE		DATE

BURIAL AT: _____
 NAME OF CEMETERY ADDRESS OF CEMETERY TELEPHONE NO. OF CEMETERY

- Melrose Abbey Memorial Park 2303 3 S. Manchester Ave., Anaheim, CA 92802 Tel: (714) 634-1981
- Rose Hills Memorial Park 3888 Workman Mill Road, Whittier, CA 90601 Tel: (562) 699-0921
- Westminster Memorial Park 14801 Beach Blvd., Westminster, CA 92683 Tel: (714) 893-2421
- El Toro Memorial Park 25751 Trabuco Road, Lake Forest, CA 92630 Tel: (949) 951-8244
- United Islamic Youth Organization Cemetery 12700 Morning Glory, Adelanto, CA 92301



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AUTHORIZATION TO RELEASE HUMAN REMAINS

Date: _____

To: _____
(Location of Remains)

Medical Institution Nursing Home
 Residence Other _____

Street Address City State Zip Telephone No.

I certify that I am the next-of-kin pursuant to Section 7100, Health and Safety Code, State of California, or am a relative acting as agent for the next-of-kin and it is my legal right to nominate a funeral director to take charge of the remains of:

_____, deceased.
Decedent's First Name Decedent's Middle Name Decedent's Last Name

Decedent's Weight
(in pounds)

Decedent's Height

Therefore, please release the remains of the above named decedent to ISOC Mortuary.

SIGNED:  _____ DATE: _____

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

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, _____,
(funeral establishment name)
license number FD _____, **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 FOR THE RELEASE OF REMAINS IN THE CUSTODY OF THE CORONER

Last Name of Decedent	First	Middle Initial	Coroner Case #
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Coroner Fee

The fee of \$318.00 is assessed to recover the cost of transportation and storage of human remains incurred by the Orange County Coroner's Office. This fee was adopted by the Orange County Board of Supervisors on August 8, 2006 per Ordinance #06-007, and authorized by Government Code Sections 27472 and 54985. Remittance is expected upon release of the decedent to the funeral home.

Tissue(s)/Organ(s)/Body Fluid(s) Retention Notice

When a postmortem examination is conducted to determine or confirm the cause and/or manner of death in accordance with California Government Code Section 27491, tissue(s)/organ(s)/body fluid(s) may be retained for analysis and/or evidentiary purposes pursuant to California Government Code Sections 27491.4, 27491.45. Tissue(s)/organ(s)/body fluid(s) retained at autopsy or as part of any Coroner investigative procedure will be disposed of pursuant to California Health & Safety Code Section 7054.4. You may inquire about whether anything has been retained by the Coroner in this regard.

Legal Next of Kin

I declare, under penalty of perjury, that I have the right to control disposition of the remains listed in accordance with Health & Safety Code Section 7100 and I have read the tissue/organ/body fluid retention notice.

NAME OF MORTUARY (as listed in EDRS)			
NEXT OF KIN SIGNATURE:			
PRINT FULL NAME OF NEXT OF KIN:		RELATIONSHIP:	
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()

Legal Representative (If not Next of Kin)

SIGNATURE OF AUTHORIZED PARTY:			
PRINT FULL NAME OF AUTHORIZED PARTY:		RELATIONSHIP:	
PRINT FULL ADDRESS OF AUTHORIZED PARTY BELOW:			
ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()
REASON FOR HANDLING IF NOT NEXT OF KIN:			

Property Release

I declare, under penalty of perjury, that I have the right to take custody of personal property of the above decedent pursuant to California Probate Code Section 8461.

SIGNED:		RELATIONSHIP:	
PRINT FULL NAME:			
ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()



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I have received the General Price List & Consumer Guide booklet from ISOC Mortuary upon discussing prices.

NAME OF DECEDENT: _____

PRINT NAME: _____

SIGNATURE: _____

RELATIONSHIP: _____

DATE: _____



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RELEASE OF LIABILITY & RESPONSIBILITY
(COMPLETION OF SERVICE)

The undersigned, in consideration of delivering performance under the final and signed agreement set forth within the GOODS & SERVICES by ISOC MORTUARY ("Company") forever releases and discharges the Company of any claims and causes the arise from any alleged error or omission through oversight or error, intentionally or unintentionally committed by any third party or entity, this third party or entity includes but not limited to sub-contractors, suppliers or vendors, consultants, postal services as such (FEDEX, UPS, USPS), or any other mail carriers.

Dated this _____ day of _____, 20_____

Signature

Signature

Print Name

Print Name

Relationship

Relationship

Decedent's Name



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Declaration By Authorizing Agent
Re: Right to Control Disposition of Human Remains

Date: _____

Re: _____

The undersigned hereby:

(Please initial each paragraph and sign below)

Represents I/We have the right to control the disposition of the remains of the above decedent and to arrange for funeral goods and services to be provided, pursuant to Health and Safety Code Section 7100 and 7105, and/or Family Code Section 2975.

Warranty the truthfulness of any facts set forth on this document and any other document authorizing interment or cremation of the above decedent, pursuant to Health and Safety Code Section 7100.

Acknowledge I/We am/are personally liable for all damages occasioned by or resulting from any breach of such warranty, pursuant to Health and Safety Code Section 7100.

Signed under penalty of perjury by:

Signature: _____

Date: _____

Printed Name: _____

Relationship: _____

Signature: _____

Date: _____

Printed Name: _____

Relationship: _____

Signature: _____

Date: _____

Printed Name: _____

Relationship: _____

Signature: _____

Date: _____

Printed Name: _____

Relationship: _____