

# Blair Mortuary & Crematory, Inc.

P.O. Box 1941, - 392 Lawrence St., Quincy, CA 95971 -FD-2387 & 169 Main St., Chester, CA - FD-2418

Phone 530-283-9106/Fax 530-283-9107

**Contact Person** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone to Call** \_\_\_\_\_

(Name of NEXT of Kin and their Relationship)

**FIRST Name for whom Arranging:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **LAST Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_, State \_\_\_\_\_

Sex: Male or Female \_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, Marital Status \_\_\_\_\_ Race \_\_\_\_\_

Highest Grade of Education: \_\_\_\_\_, Military Yes/No "Branch" \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Type of Industry \_\_\_\_\_ Years in Occupation \_\_\_\_\_

Home Address of Deceased: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence of Deceased \_\_\_\_\_ Number of years in County \_\_\_\_\_

**NEXT OF KIN INFORMATION:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Relationship \_\_\_\_\_

**First Name of Spouse** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

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**Names of PARENTS:**

Fathers First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Fathers State of Birth \_\_\_\_\_

Mothers First Name \_\_\_\_\_ Middle \_\_\_\_\_ Her Maiden Name \_\_\_\_\_

Mothers State of Birth \_\_\_\_\_

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Name of Attending Physician \_\_\_\_\_, Phone \_\_\_\_\_

Place of Service \_\_\_\_\_ Location of Burial or Disposition \_\_\_\_\_

# \_\_\_\_\_ Certified Copies of Death Certificate Needed? (Banks, Properties, Insurances, Unions, Retirement

**Obituary information below and on reverse side as needed.** Born, Raise & Educated Where?

\_\_\_\_\_

Graduate of? \_\_\_\_\_ . Marriage? When & Where & How Many Years \_\_\_\_\_

\_\_\_\_\_

When did deceased come to Plumas County? \_\_\_\_\_;

Church/Clubs/Organizations? \_\_\_\_\_ Retired What Year? \_\_\_\_\_

Print names of all Children; Number of Grandchildren & Great Grandchildren & other family on reverse side.

## AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Blair Mortuary & Cremations, Inc. \_\_\_\_\_  
(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:

Blair Mortuary & Cremations, Inc., 392 Lawrence Street, Quincy, Ca 95971  
\_\_\_\_\_  
(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, BLAIR MORTUARY & CREMATIONS, INC.,  
(funeral establishment name)  
license number FD 2387, **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

Larry G. Blair

\_\_\_\_\_  
Owner/Director

\_\_\_\_\_  
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.

# DECLARATION FOR DISPOSITION OF CREMATED OR HYDROLYZED HUMAN REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
Name of Person arrangements are for  
the possession of Blair Mortuary & Cremations, Inc. 530-283-9106 will be cremated or  
Name of Funeral Establishment and Telephone Number  
hydrolyzed by Blair Mortuary & Cremations, Inc. 530-283-9106 and shall be disposed of in the following  
Name of Crematory or Hydrolysis Facility and Telephone Number  
manner<sup>1</sup>: \_\_\_\_\_  
Manner, Location and Other Detail of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition<sup>2</sup>: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

Name of person(s) contracting for cremation or hydrolysis services: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) contracting for cremation or hydrolysis services

Signed \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_  
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

**IMPORTANT: Business and Professions Code section 7685.2(b) requires funeral establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation or hydrolysis. 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 OR HYDROLYZED HUMAN REMAINS

A person having the right to control disposition of cremated or hydrolyzed human remains may remove the remains in a durable container from the place of cremation, hydrolysis, or interment, pursuant to Health and Safety Code section 7054.6.

If the cremated or hydrolyzed remains container cannot accommodate all cremated or hydrolyzed remains of the deceased, the crematory or hydrolysis facility shall provide a larger cremated or hydrolyzed remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Business and Professions Code section 7685.2.

<sup>1</sup> See Health and Safety Code sections 7054, 7054.6, 7116, and 7117 for legal dispositions of cremated or hydrolyzed human remains.

<sup>2</sup> See Health and Safety Code section 7100 for the list of person(s) with the legal right to control disposition of human remains.

# Blair Mortuary & Cremations, Inc.

392 Lawrence Street, Quincy, CA 9597 - FD-2387

169 Main Street, Chester, CA 96020 – FD- 2418

380 Rio Grande St, Portola, CA 96122 –FD-2472

Larry Blair – Crematory Manager License # CRM-627 -- Crematory License # CR-401

530-283-9106

## AUTHORIZATION FOR CREMATION AND ORDER OF 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, Health & Safety Code). The undersigned requests and authorizes Blair Mortuary & Crematory Inc. 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:

Further, you are hereby authorized and requested, subject to your rules and regulations, to make DISPOSITION OF THE CREMATED REMAINS of the above named decedent as follows:

\_\_\_\_\_ Initial X \_\_\_\_\_  
After securing the necessary permits, which I also authorize, I agree to hold Blair Mortuary & Crematory, Inc. harmless from any liability on account of said authorization for disposition.

### HEALTH AND SAFETY CODE SECTION 7100 - CUSTODY AND DUTY OF INTERMENT

"The right to control disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the next of kin".

### I CERTIFY

I AM THE (RELATIONSHIP): \_\_\_\_\_, Printed Name \_\_\_\_\_ Initial X \_\_\_\_\_  
and legal 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 control the disposition of the remains of the decedent.

I/we expressly give permission for:

The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations (Section 7054.7 (a)(1), Health & Safety Code).

- 1) The processing of the cremated remains so that they are suitable for inurnment within a cremated remains container (Sections 7054.1, Health & Safety Code).
- 2) I/We hereby acknowledge that I/We are responsible for the removal of any jewelry or mementos from the deceased prior to cremation.
- 3) 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 cremation remains container (Sections 7057, Health & Safety Code).
- 4) 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 (Sections 8345.5, Health & Safety Code).
- 5) The Crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container as defined in Section 7006.5, Health and Safety Code.
- 6) In the event of their being more cremated remains than the container provided, or the urn which I/We have chosen, will hold, I/We direct Blair's Direct Cremation and Burial Service 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, Health & Safety Code.
- 7) 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 Blair Mortuary & Crematory, Inc.

8) The Crematory will not cremate any human remains which contain and type of implanted pacemaker, mechanical, radioactive or silicon device. In the event the remains of the deceased contain such device, I/We hereby authorize Blair Mortuary & Crematory, Inc. its agents and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation, and dispose of such items in any lawful manner it deems appropriate.

Listed below are all implanted mechanical, radioactive and silicon devices which Blair Mortuary & Crematory, Inc. is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of implanted device: \_\_\_\_\_ Removed \_\_\_\_\_ Initial \_\_\_\_\_

**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 combustibile 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, disintegrate chamber material, and small amounts of residue from previous cremations, are moved 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 & Safety Code).**

I/we warrant that all statements and representations are true and correct and that I/we have read and understand all 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 for said purpose within one (1) year of the cremation date, Blair's Direct Cremation and Burial Service is authorized to inter or cause them to be interred in the cemetery. I/we hereby agree to protect and indemnify Blair's Direct Cremation and Burial Service, or its assigns, against any claims for damages arising out or resulting from the Cremation Authorization and Disposition, including legal fees, costs and expenses.

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

It is further understood and agreed that the charge for the cremation covers the entire operation except for the final Disposition; unless itemized on the Contract.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

X \_\_\_\_\_  
Signature of person having legal right to control

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Funeral Director \_\_\_\_\_ Date of Cremation \_\_\_\_\_ Cremation Number \_\_\_\_\_