

## Trinity Funeral Services

Forms may be returned via Fax: 619-550-3610 Email: trinityfuneral@att.net

### Registration Form

(Please print or type)

Registrant Name – First:		Middle:		Last:	
AKA:			Date of Birth:		Gender:
Birth State or Country:	Social Security Number:		U.S. Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status: M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> NM <input type="checkbox"/> SRDP <input type="checkbox"/>
Education (Grade or Degree):	Hispanic / Spanish / Latino? If yes, what nationality?		Race (List up to 3):		
Usual Occupation (Do not use Retired):		Kind of Business / Industry:			Years in Occupation:
Registrant Residence Address:					
City:	County:	Zip Code:	Years in County:	State / Country:	

Next of Kin Name – First:		Last:		Relationship:	
Next of Kin Mailing Address:					
City:	State:		Zip Code:		

Name of Surviving Spouse – First:		Middle:		Last (Maiden):	
Registrant Father Name – First:	Middle:	Last:		Birth State / Country:	
Registrant Mother Name – Name:	Middle:	Last (maiden):		Birth State / Country:	

Name of person in charge of arrangements:	Relationship:	Phone:		Email:	
Mailing Address:		City:	State:	Zip Code:	

To the best of my knowledge the above information is true and correct. I authorize Trinity Funeral Services to use this information to complete the State required Death Certificate. **I understand that information left blank will be completed by Trinity Funeral Services as unknown.**

Signature

Date

**TRINITY FUNERAL SERVICES BURIAL CONTRACT AND AUTHORIZATION**  
**3914 Murphy Canyon Rd. Suite A 238 San Diego CA 92123 FD 2144, 333 H St. Suite 5000 Chula Vista CA FD 2248**

I/We, the undersigned, certify, warrant and represent that I/We are the legal next of kin and have the full legal right in accordance with Health & Safety Code Section 7100 to authorize the transport, storage, preparation for, viewing, church service, burial, scientific use, or for shipping, of the remains of:

\_\_\_\_\_  
(Deceased Name & Address Street City State Zip) (Herein after referred to as the "Decedent").

I/We hereby request and authorize Trinity Funeral Services (Herein after referred to as the "Funeral Home") acting as my/our agents to take possession of and make arrangements for the burial of the remains of the deceased.

**Final Disposition**

I/We understand that the services and obligations of Trinity Funeral Services shall be fulfilled when the remains of the Deceased are delivered to a local cemetery, facility for scientific use or to an air carrier for shipment.

1. The remains of the Deceased will not be accepted unless received by Trinity Funeral Services, in a leak resistant container or casket. **Trinity Funeral Services will not be responsible for the loss of belongings, prostheses, and or implanted devices that are not removed from the body prior to transport or that accompany the body during transport.**

**Time of Disposition**

2. The actual burial of the remains requires documents to be filled with a State Health Department that contain personal information provided by the authorizing authority and physician. Trinity Funeral Services will file these documents in a timely manner. However delays in filing due to a lack of required information, failure of the physician to provide the cause of death in a timely matter, or delays at the health department are beyond Trinity Funeral Services control.
3. I/We agree to indemnify, release and hold Trinity Funeral Services, its agents, employees and assigns, harmless from any and all loss, damages, liability, or cause of action (including attorneys' fees and expenses of litigation) in connection with the disposition of the Deceased, as authorized herein. No Warranties expressed or implied are made and damages shall be limited to the burial fee paid.
4. Payment: Unless prior arrangements have been made, payment is due at the time of service. All returned checks will be subject to a \$25 handling charge. Should legal action be required in connection with the collection of any amount due from the Authorizing Authority, the Authorizing Authority agrees to pay reasonable attorney fees, collection costs, and all court costs incurred with any such proceeding.
5. Entire Agreement: This Contract contains the entire agreement and understanding between the parties, and merges and supersedes all prior representations and discussions pertaining to the Contract. Any changes, exceptions, or different terms and conditions proposed by the Authorizing Authority are hereby rejected. This agreement shall be interpreted under the laws of the State of California. Venue for any action brought by either party to enforce any terms of this agreement shall be in San Diego County, at the option of Trinity Funeral Services.
6. The following documents are incorporated into this contract by reference: Disclosure of Preneed Funeral Agreement, Authorization to Accept or Decline Embalming, and Statement of Funeral Goods and Services Selected.
7. Name of Cemetery or receiving Mortuary \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

8. Internment at Cemetery: Date \_\_\_\_\_ Time \_\_\_\_\_

**SIGNATURE OF PERSON(S) AUTHORIZING BURIAL**

I/We warrant that all representations and statements made herein are true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Street City State Zip

Relationship to Deceased \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Street City State Zip

Relationship to Deceased \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contracting Funeral Home Representative

For more information on Funeral, Cemetery and Cremation matters, contact: Department of Consumer Affairs, Cemetery & Funeral Bureau,  
1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916)-574-7870

Rev 07/18/2018

## 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, Trinity Funeral Services,  
(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.