



MARK B. SHAW  
Funeral Directors

FD #406



AARON  
Cremation & Burial Services  
www.aaroncremation.com

## RELEASE FORM

To: \_\_\_\_\_

### REQUEST FOR RELEASE OF THE HUMAN REMAINS OF

Deceased Name: \_\_\_\_\_

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:

**MARK B SHAW/ AARON**  
**1525 N. WATERMAN AVE, SAN BERNARDINO CA 92404**

The undersigned hereby represents that he/she has the right to disposition of the remains of the decedent:

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_



## Disclosure of Preneed Funeral Agreement

The funeral establishment, Mark B Shaw/Aaron license number FD #406,  
**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

FUNERAL ARRANGER  
 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.

21F1 (10/03)



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### AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: MARK B SHAW/ AARON CREMATION (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:

**MARK B SHAW/ AARON**  
**1525 N. WATERMAN AVE, SAN BERNARDINO CA 92404**

(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 \_\_\_\_\_, 20\_\_\_, 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 \_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_.  
(Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative (Signature)