

Duggan's Funeral Service
The Duggan Welch Family

3434 Seventeenth Street
San Francisco, CA 94110
(415) 431-4900
(415) 861-9866 Fax
FD 44

William Duggan 1918-1963
Letitia Duggan Welch 1920-1977

William J. Welch 1956-
Steven Duggan Welch 1981-

1. First Name _____ **Please fill out all below**
2. Middle Name _____ AKA _____
3. Last Name _____ RACE _____
4. Date of Birth _____ Military-Yes or No _____
5. State or Country of Birth _____
6. Social Security Number: _____ *1672*
7. Martial Status (Check One) Never Married ___ Married ___ Divorced ___ Widowed ___
8. Occupation _____ Highest Grade of Education _____
9. Kind of Business _____
10. Years in Occupation _____ Sex Male _____ Female _____
11. Residence Address: _____
12. City, State, and Zip Code: _____
13. Home Phone Number: _____ Years Living in County of Residence? _____
14. Name of Spouse (Maiden) (First, Middle, Last) _____
15. Name of Father (First, Middle, Last) _____
16. State Father was born in (or foreign country) _____
17. Name of Mother (Maiden) (First, Middle, Last) _____
18. State Mother was born in (or foreign country) _____
19. Name & Address of Person completing this form: _____
20. Relationship of Person completing this form: _____
21. Disposition of Ashes or Name of Cemetery and Address: _____
- _____

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: Duggan's Funeral Service (Funeral Establishment Name)

RE: _____ (Decedent) I, _____
do ___ do not (check one) 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:
3434 17th St., San Francisco CA

(name and address of funeral establishment)

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 _____, Relationship _____, who did ___ did not ___ (check one) authorize embalming at the above named funeral establishment. City _____, State _____, Phone (_____) Date and time authorization granted: _____

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 ____.

(s) _____

Doctor's Contact Information for the Funeral Director

In order to begin filing a death certificate and obtaining a permit for disposition, the first procedure is to enter the deceased's name, birthday and social security number, to open a file for them with the California State Department of Vital Statistics.

Please provide the following to expedite the process: FAX to 415 861-9866

Name of decedent as you want it on death certificate:

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Address (if at home) or hospital: _____

Time of Death: _____

Date of Death: _____

Patients often have a Primary Physician who is not in attendance at the death, but holds the medical records of the deceased. Please provide both names if applicable.

Name of Primary Physician: _____

Telephone of Primary Physician: _____

Name of attending Physician: _____

Telephone number of attending Physician: _____

Address of attending Physician: _____

Disclosure of Preneed Funeral Agreement

The funeral establishment, Duggan's Funeral Service - The Duggan Welch Family,
(funeral establishment name)
license number FD 44, **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.

650 988 7704

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RELEASE OF BODILY REMAINS
Pursuant to California Health and Safety Code Section # 7100

TO: _____ Phone # _____

Please Deliver the Remains of: _____

To DUGGAN'S FUNERAL SERVICE / THE DUGGAN WELCH FAMILY and oblige

I Claim the right to control the disposition of the above Decedent's bodily remains because:
(Circle One)

- 1: The Decedent named me to control the disposition of his or her body by Power of Attorney for Health Care, or in a Will (Must Attach a Copy)
- 2: I am the decedent's, Spouse, Child, Parent or nearest other relative

I am NOT aware of ANY person(s) who object to my arranging the disposition of the above Decedent. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aware of California Health and Safety Code Section # 7100 and agree to comply with them.

Signature: _____ Print: _____
Relationship: _____

Address: _____ Phone # _____

Signature: _____ Print: _____
Relationship: _____

Address: _____ Phone # _____