



Telophase Cremation Society

FD-1272

7851 MISSION CENTER COURT, #104
SAN DIEGO, CA 92108
1-800-520-5146
(619) 299-0805
(760) 591-3187
FAX: (619) 299-8417

DEAR SIR/MADAM:

Thank you for your interest in the TELOPHASE CREMATION SOCIETY. In order to become a member it is necessary that you provide us with the statistical data below and complete and sign the "CREMATION AUTHORIZATION" on the reverse side of this form. Once you have completed both sides of this form PLEASE mail it to our office.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

I have read the disclosure information on the reverse side of this form, understand the cremation process, and authorize the TELOPHASE CREMATION SOCIETY to proceed with the cremation in accordance therewith. _____ (Initial)

First Name Middle Name Last Name Sex

Race _____ Birthdate _____ Birthplace _____ Citizen _____

City State (USA or Country)

Social Security Number _____

Father's Complete Name _____ Birthplace _____

First Middle Last

Mother's Complete & Maiden Last Name _____ Birthplace _____

First Middle Last

If Veteran: Serial No. _____ Branch of Service _____ Rank _____ From _____ To _____

Employer _____

Occupation of Member _____ Kind of Business _____ No. Years _____

Before Retirement

Total Education Elementary/High School/College/University _____

Present Residence Address:

Street City County Zip

Phone No. _____ Years in County _____

Married, Never Married, Widowed, Divorced Complete Name of Spouse _____

(Circle One) (If Wife Give Maiden Name)

Next of Kin _____ Telephone _____

Relationship _____ Address _____

Other Person to Notify _____ Telephone _____

For more information on cremation matters, contact: The Cemetery Board, Department of Consumer Affairs, 400 R St., Sacramento, CA 95814, Telephone Number 1-800-952-5210.

For more information on funeral matters, contact: State Board of Funeral Directors and Embalmers, Department of Consumer Affairs, 400 R St., Sacramento, CA 95814, Telephone Number 1-800-952-5210.

PLEASE COMPLETE AND SIGN AUTHORIZATION ON REVERSE SIDE.

**PRE-NEED
AUTHORITY TO CREMATE
TELOPHASE CREMATION SOCIETY/LENEDA, INC.**

I, _____, having the right to control the disposition of my remains authorize the
TELOPHASE CREMATION SOCIETY/LENEDA, INC., its assignee, or agents, upon my death to cremate my remains
and to scatter the cremains at sea by boat within sixty (60) days of the date of cremation or to release the cremated
remains to _____

for final disposition by _____

I authorize the cremation of my remains with the knowledge and understanding of the following terms and conditions:

1. I understand that the human body burns with the combustible cremation container or other material in the cremation chamber. Some bone fragments are not combustible 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, disintegrated chamber material, and small amounts of residue from previous cremations, are removed 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.
2. I understand that should the persons entitled to the custody and control of the disposition of the cremated remains not call for, or lawfully dispose of, or accept the cremated remains within ninety (90) days of the date of death, TELOPHASE CREMATION SOCIETY/LENEDA, INC. will make final disposition of the cremated human remains by burial, entombment or inurnment with a licensed cemetery authority. I understand that any costs associated with such disposition will be paid by my next of kin and/or my estate. _____ (Initial)
3. I understand that certain items, including, but not limited to body prostheses, dentures, dental bridgework, jewelry, dental gold or silver or mementos may not be destroyed by this cremation process and I hereby request that it be separated from the cremated remains and authorize TELOPHASE CREMATION SOCIETY/LENEDA, INC. to dispose of it in such manner as it deems advisable. _____ (Initial)
4. I understand that the cremated remains will be processed to fragments of less than 5 millimeters in diameter. Processing is accomplished by mechanical grinding and crushing procedure. Following processing, all recoverable cremated remains will be placed in a temporary container or in the urn ordered by you, or your family. Should the volume of cremated remains be such as to exceed the capacity of the container to be used, any additional cremated remains will be placed in a separate container or disposed of as you have authorized. _____ (Initial)
5. I understand that pursuant to California Business and Professions Code Section 9784.5 TELOPHASE CREMATION SOCIETY/LENEDA, INC. prohibits relatives or the responsible party from viewing the cremation process.
6. I understand that unless I have prepaid the regular fees of the TELOPHASE CREMATION SOCIETY/LENEDA, INC. for the cremation, disposition and any other services rendered, the responsibility and liability for payment of these fees devolves upon my next of kin pursuant to Section 7100 of the California Health and Safety Code and shall be paid at the time of my death.

Signed _____ Social Security # _____ Date _____

Print or Type Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____