

1. Name of decedent (First/Given)	2. Middle	3. Last (Family)
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NOTE: PRINT OR TYPE, DO NOT WRITE, THE NAME AS IT WILL APPEAR ON THE DEATH CERTIFICATE

NEXT OF KIN

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the said decedent, please release the body of the above decedent to the custody of:

NAME OF MORTUARY:		
NEXT OF KIN SIGNATURE:		
PRINT FULL NAME OF NEXT OF KIN:	RELATIONSHIP:	
PRINT FULL ADDRESS OF RESPONSIBLE PARTY BELOW:	TELEPHONE: ()	
Address:	City:	State/Zip

NEXT OF KIN (if not next of kin) SIGNATURE:		
PRINT FULL NAME OF NEXT OF KIN:		
PRINT FULL NAME OF NEXT OF KIN:	RELATIONSHIP:	
PRINT FULL ADDRESS OF RESPONSIBLE PARTY BELOW:	TELEPHONE: ()	
Address:	City:	State/Zip
Reason for handling if not next of kin:		

CORONER'S FEE

The fee of \$236.00 is assessed to recover the cost of transportation and storage of human remains incurred by the Orange County Coroner's Office. This fee was adopted by the Orange County Board of Supervisors on February 25, 2003 per Ordinance #3844, and authorized by Government Code Sections 27472 and 54985. Remittance is expected upon release of the decedent to the funeral home. Attach a personal check from the family or funeral home to this form.

Attach Check Here

NEXT OF KIN INITIALS _____ DATE FEE PAID-RECEIVED BY _____

NO FEE RECEIVED-REASON FOR FEE EXEMPTION:

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACTIVE MILITARY
<input type="checkbox"/> AGE 14 AND UNDER	<input type="checkbox"/> STATE HOSPITAL
<input type="checkbox"/> BROUGHT IN BY MORTUARY	
<input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____	

PROPERTY RELEASE

I certify that pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to take custody of personal property of the above decedent. Therefore, upon completion of your investigation of the death of the said decedent, please release the personal property of the decedent to the custody of:

SIGNED:	RELATIONSHIP:
Address:	City: State/Zip

FUNERAL DIRECTOR/DISPOSITION SERVICE

Acting as a representative of the firm of _____
I state that I am entitled to the custody of the remains of the named decedent by the authority of:

- Telegraphic authorization by proper next of kin (Copy attached)
- By direction of the Public Administrator (Name: _____)
- Pre-need arrangement (Copy attached)
- Other reason _____

