

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 (as listed in EDRS):		
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**

**Attach Check Here**

The fee of \$318.00 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 August 8, 2006 per Ordinance #06-007, 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.**

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 \_\_\_\_\_

