

Kern County Sheriff's Office

Coroner Section

Mortuary Release Form

Fax # (661) 868-0147

Please read and answer all questions before signing

| |
|----------------|
| Case No: _____ |
| Date: _____ |

WAS THE DECEDENT LEGALLY MARRIED AT TIME OF DEATH? _____
 DOES THE DECEDENT HAVE ANY ADULT LIVING CHILDREN? _____

HEALTH AND SAFETY CODE * CHAPTER 3 * CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vest in, and the duty of interment and liability for the reasonable cost of interment of the remains devolves upon the following: (a) The surviving spouse. (b) The surviving adult child or majority of adult children. (c) The surviving parent or parents of the decedent. (d) The surviving person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.

WARNING: The person signing this "Order for Release" is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code 7110). It is also a criminal offense to knowingly file a false statement with any government agency. (Penal Code Section 115 and 470). Therefore, please release the body upon completion of your investigation of the death of said decedent to:

MORTUARY: _____ TELEPHONE NO: _____

NAME OF NEXT-OF-KIN (PRINT): _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE NO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I hereby authorize the mortuary listed above to act as my agent and to take possession of the remains and of all the decedent's personal property under the immediate control of the Kern County Sheriff/Coroner/Public Administrator. ***I understand that the Kern County Sheriff/Coroner is not responsible for any cost or stolen property resulting from this release.***

SIGNED: _____ DATE SIGNED: _____

PRINT NAME: _____

If not next-of-kin, sign above and explain why next-of-kin is not handling. If the executor, attach a copy of the will or health care directive.

Next-of-kin: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

VERIFICATION OF IDENTITY: I certify that I have verified the identity of the above-named party, and that I have done so pursuant to Section 13104(d), of the California Probate Code, State of California.

MORTUARY REPRESENTATIVE: _____ DATE: _____

DECEDENT INFORMATION – FILL IN ALL BLANKS BELOW-TYPE OR PRINT ONLY

| | | | | | | |
|--------------------------|----------------|------------------|-------|---------------|----------------|----------|
| First Name | | Middle | | | Last | |
| Date of Birth | | Age | Sex | Date of Death | Hour of Death | |
| Race | State of Birth | | SSN # | | Marital Status | |
| Occupation | | Type of Business | | Employer | | |
| Residence Street Address | | | | City | County | Zip Code |

FINAL DISPOSITION OF REMAINS

| | | |
|------------------|---------------------|-------------------------|
| Funeral Director | Type of Disposition | Location of Disposition |
|------------------|---------------------|-------------------------|