

**KERN COUNTY SHERIFF-CORONER  
PUBLIC ADMINISTRATOR**

FAX (661)868-0147

Case No. _____
Case Name _____
Date: _____

*Please read and answer all questions before signing*

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 and possessions upon completion of your investigation of the death of said decedent to:

MORTUARY: \_\_\_\_\_  
NAME OF NEXT-OF-KIN (PRINT): \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

I hereby authorize the mortuary listed above to act as my agent and to take possession of the remains and of all of the decedent's personal property under the immediate control of the Kern County Sheriff/Coroner Public Administrator.

SIGNED: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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.

Next-of-kin: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

First Name		Middle	Last (Family)		
Date of Birth	Age	Sex	Date of Death	Hour of Death	
Race	Hispanic Yes No	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
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