TO: The SHERIFF-CORONER, County of Orange **ORDER FOR RELEASE** CORONER CASE #_____

1. Name of decedent (First/Given)	2. Middle	3. Last (Family)

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 to the said deceased, please release the body of the above deceased to the custody of:

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

CORNER'S FEE

Attach Check Here

The fee of $318.00 is assessed to recover the cost 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 Section 27472 and 54985. Remittance is expected upon release of the deceased 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

[ ] HOMICIDE [ ] ACTIVE MILITARY

[ ] AGE 14 AND UNDER [ ] STATE HOSPITAL

[ ] BROUGHT IN BY MORTUARY

[ ] 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 deceased.
Therefore, upon completion of your investigation of the death to the said deceased, please release the personal property of the above deceased 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 above named deceased 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_____

D

Revised 08/25/06