



**Santa Barbara County Sheriff-Coroner**  
**Coroner's Bureau**  
 66 S. San Antonio Road  
 Santa Barbara, California 93110  
 (805) 681-4145  
 (805) 681-4308 FAX

**Coroner Fee Amount: \$100.00**  
 (Per S. B. Co. Ordinance # 4412)

***ORDER TO RELEASE***

Santa Barbara County Sheriff-Coroner, Coroner Bureau:

I certify that I am the legal next of kin, pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the legal next of kin and it is my legal right to nominate a funeral director to take charge of the remains of:

\_\_\_\_\_, Deceased.

Therefore, please release the remains of the above mentioned deceased to:

Funeral Director: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

upon completion of the Coroner's investigation of the death of said deceased.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Date Signed: \_\_\_\_\_

*If not next of kin, please sign above and explain why the next of kin is not handling the arrangements:*

*This section shall be completed and signed when the person authorizing has been named to execute the last will and testament or by a non-relative, when no assets are involved.*

I, \_\_\_\_\_ bearing no relationship to the above named deceased, having executed the above authorization; do hereby assume full responsibility for the costs of all funeral services in connection therewith of the above name funeral director.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Personal identification of authorizing person made by funeral director through the following means:**

Driver's License  
 (Number & State): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Signed: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date Signed: \_\_\_\_\_