

# ORDER FOR RELEASE

\_\_\_\_\_, California  
\_\_\_\_\_, \_\_\_\_\_

TO: Medical Examiner-Coroner  
County of Ventura

I CERTIFY THAT I AM NEXT OF KIN PURSUANT TO SECTION 7100, HEALTH & SAFETY CODE, STATE OF CALIFORNIA, OR AM A RELATIVE ACTING AS AGENT FOR THE NEXT OF KIN AND IT IS MY LEGAL RIGHT TO NOMINATE A FUNERAL DIRECTOR TO TAKE CHARGE OF THE BODY OF

\_\_\_\_\_ DECEASED

THEREFORE, PLEASE RELEASE THE BODY OF THE ABOVE MENTIONED DECEASED TO

\_\_\_\_\_ UPON COMPLETION OF YOUR INVESTIGATION OF THE DEATH OF SAID DECEASED.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date Signed \_\_\_\_\_

IF NOT NEXT OF KIN, SIGN ABOVE AND EXPLAIN WHY NEXT OF KIN IS NOT HANDLING.

*THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL 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 RESPONSIBILITIES FOR THE COSTS OF ALL FUNERAL SERVICES IN CONNECTION THEREWITH OF THE ABOVE NAMED FUNERAL DIRECTOR.

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

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Date Signed \_\_\_\_\_

PERSONAL I.D. BY:

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

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Date Signed \_\_\_\_\_