



AUTHORIZATION FOR THE RELEASE OF REMAINS IN THE CUSTODY OF THE CORONER

Last Name of Decedent	First	Middle Initial	Coroner Case #
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Coroner Fee

The fee of \$318.00 is assessed to recover the cost of 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 Sections 27472 and 54985. Remittance is expected upon release of the decedent to the funeral home.

Tissue(s)/Organ(s)/Body Fluid(s) Retention Notice

When a postmortem examination is conducted to determine or confirm the cause and/or manner of death in accordance with California Government Code Section 27491, tissue(s)/organ(s)/body fluid(s) may be retained for analysis and/or evidentiary purposes pursuant to California Government Code Sections 27491.4, 27491.45. Tissue(s)/organ(s)/body fluid(s) retained at autopsy or as part of any Coroner investigative procedure will be disposed of pursuant to California Health & Safety Code Section 7054.4. You may inquire about whether anything has been retained by the Coroner in this regard.

Legal Next of Kin

I declare, under penalty of perjury, that I have the right to control disposition of the remains listed in accordance with Health & Safety Code Section 7100 and I have read the tissue/organ/body fluid retention notice.

NAME OF MORTUARY (as listed in EDRS)			
NEXT OF KIN SIGNATURE:			
PRINT FULL NAME OF NEXT OF KIN:		RELATIONSHIP:	
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()

Legal Representative (If not Next of Kin)

SIGNATURE OF AUTHORIZED PARTY:			
PRINT FULL NAME OF AUTHORIZED PARTY:		RELATIONSHIP:	
PRINT FULL ADDRESS OF AUTHORIZED PARTY BELOW:			
ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()
REASON FOR HANDLING IF NOT NEXT OF KIN:			

Property Release

I declare, under penalty of perjury, that I have the right to take custody of personal property of the above decedent pursuant to California Probate Code Section 8461.

SIGNED:		RELATIONSHIP:	
PRINT FULL NAME:			
ADDRESS:	CITY:	STATE/ZIP CODE:	TELEPHONE: ()