



1832 Flower Street
 Bakersfield, California 93305

MORTUARY RELEASE AUTHORIZATION

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 INTERNMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the the decedent, vest in, and the duty of internment and liability for the reasonable cost of internment 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 degree of kindred in the order named by the law 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:** _____ **or CELL NO:** _____

I hereby authorize the mortuary listed above to act as my agent and to take possession of the remains and of all 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	
Date Of Birth	Age	Sex	Date of Death	Hour of Death	
Race	Hispanic	Yes	No	State of Birth	SSN:
Occupation		Type of Business		Employeer	
Residence - Street Address		City		County	Zip Code

FINAL DISPOSITION OF REMAINS

Funeral Director	Type of Disposition	Location of Disposition
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