

ORDER FOR RELEASE
Ventura County Medical Examiner's Office

Fax completed forms to 805-658-4598

CASE # _____

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

_____,
name of deceased

I AUTHORIZE RELEASING THE BODY OF THE DECEASED TO

name and phone number of funeral establishment

AUTHORIZING PERSON'S INFORMATION:

Print Name _____ Relationship _____

Address _____

Telephone Number _____

Sign here _____ Date Signed _____

IF THE AUTHORIZING PERSON IS NOT THE NEXT OF KIN, SIGN ABOVE AND EXPLAIN BELOW WHY THE NEXT OF KIN IS NOT MAKING THE ARRANGEMENTS:

WITNESS INFORMATION:

Witness Name _____ Witness Signature _____ Date _____

Relation/organization _____