

| | | |
|--------------------------------------|-----------|------------------|
| 1. Name of decedent (First/Given) | 2. Middle | 3. Last (Family) |
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NOTE: PRINT OR TYPE, DO NOT WRITE, THE NAME AS IT WILL APPEAR ON THE DEATH CERTIFICATE

NEXT OF KIN

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the said deceased, please release the body of the above deceased to the custody of:

| | | |
|--|--------------------------|------------------|
| NAME OF MORTUARY: Midgley - Gardenside Mortuary, South Gate, CA | | |
| NEXT OF KIN SIGNATURE: X | | |
| PRINT FULL NAME OF NEXT OF KIN: | RELATIONSHIP: | |
| PRINT ADDRESS OF NEXT OF KIN BELOW: | TELEPHONE: () | |
| Address: | City: | State/Zip |

| | | |
|--|--------------------------|------------------|
| RESPONSIBLE PARTY (if not next of kin) SIGNATURE: | | |
| PRINT FULL NAME OF RESPONSIBLE PARTY: | RELATIONSHIP: | |
| PRINT FULL ADDRESS OF RESPONSIBLE PARTY BELOW: | TELEPHONE: () | |
| Address: | City: | State/Zip |
| Reason for handling if not next of kin: | | |

CORONER'S FEE

The fee of \$119.00 is assessed to recover the expense of the contracted private transportation service employed to transfer the deceased from the place of death to the Orange County Coroner's Office. This fee was adopted by the Orange County Board of Supervisors on December 5, 1991, per Ordinance #3844, and authorized by Government Code Section 27472 and 54985. Remittance is expected upon release of the deceased to the funeral home. **A personal check from the family or from the funeral home in the form of cash advance is to be attached to form.**

Attach Check Here

| | |
|---|---|
| <input type="checkbox"/> NEXT OF KIN INITIALS _____ | <input type="checkbox"/> DATE FEE PAID-RECEIVED BY _____ |
| <input type="checkbox"/> NO FEE RECEIVED-REASON FOR FEE EXEMPTION: | |
| <input type="checkbox"/> HOMICIDE | <input type="checkbox"/> ACTIVE MILITARY |
| <input type="checkbox"/> AGE 14 AND UNDER | <input type="checkbox"/> STATE HOSPITAL |
| <input type="checkbox"/> BROUGHT IN BY MORTUARY | |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ | |

PROPERTY RELEASE

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to take custody of personal property of the above deceased. Therefore, upon completion of your investigation of the death of the said deceased, please release the personal property of the above deceased to the custody of:

| | |
|-----------------|----------------------|
| SIGNED: | RELATIONSHIP: |
| Address: | City: |
| | State/Zip |

FUNERAL DIRECTOR/DISPOSITION SERVICE

Acting as a representative of the firm of _____
I state that I am entitled to the custody of the remains of the above named deceased by the authority of:

- Telegraphic authorization by proper next of kin (Copy attached)
- By direction of the Public Administrator (Name: _____)
- Pre-need arrangement (Copy attached)
- Other reason _____

