



SHANNON D. DICUS, SHERIFF-CORONER

NEXT-OF-KIN DESIGNEE AUTHORIZATION FORM

**** Please fax form to: 909-387-2989 or Email to: cor-wc@sbcasd.org ****

Questions please call: 909-387-2978

Coroner Case #: _____ Decedent's Name: _____

I, _____, the decedent's _____
Your Name Here Your Relationship to Decedent

As the: Legal Next of Kin DPOA Other: _____

Authorize the San Bernardino County Coroner's Office to allow:

Name: _____ Relationship to decedent: _____

Address: _____

Telephone #: _____ Date of Birth: _____

To make arrangements for the decedent's: (Select One)

Body Property Body and Property

Your Address _____

Your Phone # _____

Driver License: State: _____ Number: _____

ID: State: _____ Number: _____

Passport: Country: _____ Number: _____

*****(Must provide or attach a copy of a government photo ID to verify your identity)*****

Signature: _____ Date: _____

Your Signature

I affirm that the foregoing is true and correct and that I have the legal authority to direct the disposition of the above referenced decedent's remains and/or property as stated herein.

Witnesses:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Coroner Office Use Only

Date and Time Received: _____ Deputy: _____ ID Verified: _____