



**San Bernardino County Sheriff-Coroner Department  
CORONER DIVISION  
ORDER FOR RELEASE**

Date \_\_\_\_\_

**Order for the release of the body of:**

Name \_\_\_\_\_ Case No. \_\_\_\_\_

AKA \_\_\_\_\_

"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 Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency (Penal Code Section 115 and 470)."

**NEXT OF KIN**

I certify that, pursuant to Section 7100, Health and Safety Code and 27491.3 of the Government Code of the 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 deceased, please release the body and the personal property of the above deceased to the custody of:

Mortuary \_\_\_\_\_

Mortuary Address \_\_\_\_\_ Mortuary Telephone \_\_\_\_\_

Name of Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_ *Please Print*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

**NONRELATIVE**

Reason for handling if not next of kin \_\_\_\_\_

I, \_\_\_\_\_, bearing no relationship to the above-named deceased, having executed the above authorization do hereby assume full responsibilities for the cost of all funeral services in connection therewith of the above-named funeral director.

Witness \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**FUNERAL DIRECTOR DISPOSITION SERVICE**

Acting as a representative of the firm of \_\_\_\_\_  
*Name*

*Address*

*Telephone No.*

I state that I am entitled to custody of the remains of the above-named deceased.

- No clothing.       Clothing released to Law Enforcement.       Clothing released to mortuary.

I have examined Toe Tag # \_\_\_\_\_ which bears the name of \_\_\_\_\_

Received by \_\_\_\_\_ of \_\_\_\_\_  
*Name*

Signed \_\_\_\_\_ Releasing Supervisor \_\_\_\_\_  
*Signature*

Released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



San Bernardino County Sheriff-Coroner Department
CORONER DIVISION
ORDEN DE ENTREGA

Fecha \_\_\_\_\_

Orden de permiso de entrega del cuerpo de:

Nombre \_\_\_\_\_ Case No. \_\_\_\_\_

AKA \_\_\_\_\_

"AVISO: La persona firmado esta orden para cesion es sujeto por todos los perjuicios causado por alguna falsa declaración contenido en este documento. (Sección 7100 del Codigo de Sanidad y Seguridad.) Es una ofensa criminal presenta al proposito falsos testimonio con una agencia del gobierno. (Codigo De Pena Sección 115 y 470.)"

PARIENTE CERCANO

Yo certifico que, en conformidad con la Sección 7100 del Codigo de Sanidad y Seguridad y 27491.3 del Codigo del Gobierno del Estado de California, es mi derecho legal de escoger a cualquier director funerario o servicio de disposición. Por lo tanto, al terminar la investigación correspondiente a la muerte de dicho fallecido, por favor entregar el cuerpo y bienes personales del fallcido a la persona siguiente:

Funeraria \_\_\_\_\_

Funeraria Domicilio \_\_\_\_\_ Funeraria Teléfono \_\_\_\_\_

Nombre de Pariente Cercano \_\_\_\_\_ Parentesco \_\_\_\_\_
escribir con letras de imprenta

Firma \_\_\_\_\_

Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_

Teléfono \_\_\_\_\_

SIN SER PARIENTE

Razón para la cual se encarga de este asunto sin ser pariente \_\_\_\_\_

Yo, \_\_\_\_\_, teniendo no relación al dicho fallecido, haber executado la autorización anotada en la parte de arriba, acepto toda responsabilidad del costo de servicios de entierro en conexión con el anotado director funerario.

Testigo \_\_\_\_\_ Firmado \_\_\_\_\_

Domicilio \_\_\_\_\_ Domicilio \_\_\_\_\_

Ciudad \_\_\_\_\_ Ciudad \_\_\_\_\_

Teléfono \_\_\_\_\_ Teléfono \_\_\_\_\_

FUNERAL DIRECTOR DISPOSITION SERVICE

Acting as a representative of the firm of \_\_\_\_\_ Name

Address

Telephone No,

I state that I am entitled to custody of the remains of the above-named deceased.

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I have examined Toe Tag # \_\_\_\_\_ which bears the name of \_\_\_\_\_

Received by \_\_\_\_\_ of \_\_\_\_\_ Name

Signed \_\_\_\_\_ Releasing Supervisor \_\_\_\_\_ Signature

Released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_