

**ORDER FOR RELEASE
County of Fresno**

Bay Area Mortuary Services

To: Margaret Mims.
Sheriff- Coroner

Date _____, 20__

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, as next of kin, it is my right to select any funeral director I desire to take charge of the body of _____ deceased. Therefore, please release the body and the personal effects of the above mentioned deceased to **BAY AREA MORTUARY SERVICES**. This is a voluntary action on my part and there has been no solicitation or effort made by any representative of the above named funeral home, or the Fresno County Coroners Office to influence me to use said funeral home.

Signed _____ Relationship _____

Address _____ City _____

State _____ Telephone No. _____

IF THE PERSON SIGNING ABOVE IS NOT THE NEXT OF KIN, PLEASE LIST THE NAME BELOW, AND THE NEXT OF KIN'S REASON FOR NOT HANDLING THE DISPOSITION. THIS SECTION MUST BE COMPLETED ANY TIME THE NEXT OF KIN DOES NOT SIGN ABOVE.

Name _____ Relationship _____

Address _____ City _____

State _____ Telephone No. _____

Reason For Not Handling Disposition _____

NON RELATIVE

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

Witness _____ Signed _____

Address _____ Address _____

City _____ City _____

Telephone No. _____ Telephone No. _____

IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED ORALLY (BY TELEPHONE) COMPLETE THE FOLLOWING:

_____ Relationship _____

City _____ State _____ Zip _____ Ph: () _____

Date & Time authorization granted _____, 20__ at _____ AM/PM

Signature of person accepting authorization _____

IT IS THE RESPONSIBILITY OF THE PERSON PRESENTING THIS ORDER FOR RELEASE TO THE CORONER'S OFFICE TO INSURE THIS FORM IS COMPLETE AND CORRECTLY PREPARED. FAILURE TO DO SO MAY RESULT IN A DELAY IN THE RELEASE OF DECEDENT REMAINS.