



www.BayAreaMortuary.com

Bay Area Mortuary Services
California Funeral Establishment FD 1829
Arrangements Office & Community Chapel
1701 Little Orchard Street
San Jose, CA 95125
Phone: 408-998-2202 Fax: 408-998-8631

**AUTHORIZATION FOR RELEASE OF
HUMAN REMAINS AND PERSONAL PROPERTY**

TO: _____ **MERCED COUNTY MEDICAL EXAMINER/CORONER**

Name of Facility (i.e., hospital, medical examiner/coroner, etc.)

Pursuant to California Health & Safety Code, Division 7, Part 1, Chapter 2, Section 7053, this document is a demand for and authorization to release forthwith the Remains and Personal Property of:

Full Name of Decedent

to: BAY AREA MORTUARY SERVICES (FD-1829) 1701 Little Orchard Street, San Jose, CA 95125

acting as agents for: _____

(Full Name of Claimant/Person Authorizing Release)

whose signature below authorizes the release of the human remains specified above.

(Check all that apply)

- I am the Decedent's (circle one) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.
- The Decedent named me to control the disposition of his/her body in a will or supplement documentation (attach a copy of that document).

By signing below, you represent that:

- You warrant and represent that you are the person or the appointed agent of the person who by law has the legal right to arrange and direct the disposition of the remains of the Decedent.
- You are not aware of any written instruction by the Decedent, or any contract for funeral services by the Decedent, that give control of the disposition of the Decedent's remains to any other person.
- You understand the provisions of the California Health and Safety Code Section 7100 regarding the right to control disposition and are in compliance.

Signature of Person Authorizing Release

Print Name

Relationship of Authorizing Person to Decedent

Date