## **COUNTY OF SAN DIEGO MEDICAL EXAMINER**

5570 OVERLAND AVENUE, SUITE 101, SAN DIEGO, CA 92123-1206 PHONE: 858-694-2895

## ORDER FOR RELEASE OF REMAINS

TO: MEDIC.	AL EXAMI	NER, O	COUNT	Y O	F SAN DIEGO					
RE: REMAINS OF							, ME CASE #			
the remains re provided. I fu	ferenced about rther certify OR Agent w (ple	ove, the that I a v <b>ith D</b> u ease <u>IN</u>	e locatio am actin <b>irable F</b> ITIAL	on and and and and and and and and and an	tia Health & Safety Cond conditions of interm the capacity of: Leger of Attorney for Heappropriate category).	ent, and arra gal Next of a alth Care (1	angements for funeral  Kin, OR  must be for Health Ca	goods a <b>Execut</b> <u>re</u> )	and setor/Ex	ervices to be <b>xecutrix</b> <u>OR</u> other legal
Board of Supe	rvisors, Cou	inty of	San Die	go,	California Government I may be liable for Me otly (please	dical Exami				
service design	ated below. he deceased	If positions of the second sec	sible ple onal pro	ease opert	tion of the deceased pl RELEASE ty in your care with the pt holidays).	<u>OR</u> DO N	OT RELEASE	(	please	e <b>INITIAL</b> desired
Print Name	of Design	ated N	Mortua	ry,	Cremation Society	, or other	Disposition Servic	ee		
Print Name of Person Signing Relationship							Signature	Date Signed		
Mailing Address of Person Signing							Phone #			
City, State, Zip Code of Person Signing							City, State Where Signed			
					DECEDENT IN					
Name of Deceased – First (Given) Middle						)	Gende	er	Date of Death	
Date of Birth	Age			Place of Birth		Social Security Number		Race		
Marital Status	s Occupation		Residence Address:			1		1		
		••••			CAL EXAMINER D			••••	••••	
					Manner o	f Payment				
	Person Exec	uting T	Γhis Ord	ler F	for Release	Bill Mortua	ary Mortu	ary Pre	-Pay	
Act	ive Duty Mi	litary _	PA		_Under 14 Fami	ly Requeste	d Autopsy Oth	er		
ME FAS				_			Rev. 07/14	<b>!/2011</b>		