

# ORDER FOR RELEASE COUNTY OF VENTURA

Medical Examiner-Coroner

CASE # \_\_\_\_\_

I CERTIFY THAT I AM THE NEXT OF KIN PURSUANT TO SECTION 7100, HEALTH & SAFETY CODE, STATE OF CALIFORNIA, OR AM A RELATIVE ACTING AS THE AGENT FOR THE NEXT OF KIN AND IT IS MY LEGAL RIGHT TO NOMINATE A FUNERAL DIRECTOR TO TAKE CHARGE OF THE BODY OF:

\_\_\_\_\_,  
name of deceased

I AUTHORIZE RELEASING THE BODY OF THE DECEASED TO

\_\_\_\_\_  
name of funeral establishment

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### AUTHORIZING PERSON'S INFORMATION:

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Sign here \_\_\_\_\_ Date Signed \_\_\_\_\_

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IF THE AUTHORIZING PERSON IS NOT THE NEXT OF KIN, SIGN ABOVE AND EXPLAIN BELOW WHY THE NEXT OF KIN IS NOT MAKING THE ARRANGEMENTS:

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### WITNESS INFORMATION:

Witness Name \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Relation/organization \_\_\_\_\_