ORDER FOR RELEASE OF REMAINS

TO: MEDICAL EXAMINER, COUNTY OF SAN DIEGO

RE: REMAINS OF _____, ME CASE # _____

I certify that pursuant to the State of California Health & Safety Code, Section 7100, it is my legal right to control the disposition of the remains referenced above, the location and conditions of interment, and arrangements for funeral goods and services to be provided. I further certify that I am acting in the capacity of: Legal Next of Kin OR , OR Agent with Durable Power of Attorney for Health Care (must be for Health Executor/Executrix **OR** other legal capacity (please **INITIAL** the appropriate category). If acting in a Care) capacity other than Legal Next of Kin, I have attached a copy of the relevant appointing document(s).

I acknowledge that, pursuant to the State of California Government Code Sections 27472 and 54985 and Resolution No. 03-086 of the Board of Supervisors, County of San Diego, I may be liable for Medical Examiner fees of \$173 for transportation (\$153) and body pouch (\$20) and agree to pay said fees promptly if invoiced. (please INITIAL).

Therefore, upon completion of your examination of the deceased please release the remains referenced above to the custody of the service designated below. If possible please **RELEASE** <u>OR</u> DO NOT RELEASE (please **INITIAL** desired choice) all of the deceased's personal property in your care with the remains. I understand that personal property can only be released during regular working hours (M-F 8-5, except holidays).

Print Name of Designated Mortuary, Cremation Society, or other Disposition Service

Print Name of Person Signing

Mailing Address of Person Signing

City, State, Zip Code of Person Signing

DECEDENT INFORMATION Name of Deceased - First (Given) Middle Last (Family) Gender Date of Death Date of Birth Age Place of Birth Social Security Number Race Marital Status Occupation Residence Address:

FOR MEDICAL EXAMINER DEPARTMENT USE ONLY

Fees Waived:	Manner of Payment		
14 & Under	Receipt #	PA	
Criminal Act of Another	Mortuary	Active Duty Military	
Indigent	Other		
Other	Person Executing This Order For Release		
ME FAA License #		Rev 3/10/09	

Relationship Signature Date Signed

Phone #

City, State Where Signed

ME FAA License # _____

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