

1832 Flower Street
Bakersfield, CA 93305

ORDER FOR RELEASE

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KERN COUNTY SHERIFF-CORONER PUBLIC ADMINISTRATOR

Please read and answer all questions before signing

Case No.	_____
Case Name	_____
Date :	_____

WAS THE DECEDENT LEGALLY MARRIED AT TIME OF DEATH... _____
DOES THE DECEDENT HAVE ANY ADULT LIVING CHILDREN..... _____

HEALTH AND SAFETY CODE • CHAPTER 3 • CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vest in, and the duty of interment and liability for the reasonable cost of interment of the remains devolves upon the following: (a) The surviving spouse. (b) The surviving adult child or majority of adult children. (c) The surviving parent or parents of the decedent. (d) The surviving person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.

WARNING: The person signing this "Order for Release" is liable for all damages caused by any untruthful statements contained in this document. (Health & Safety Code 7110). It is also a criminal offence to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470). Therefore please release the body and possessions upon completion of your investigation of the death of said decedent to:

MORTUARY: Midgley-Gardenside Mortuary, South Gate, CA
NAME OF NEXT-OF-KIN (PRINT): _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE NO. _____

I hereby authorize the mortuary listed above to act as my agent and to take possession of the remains and all of the decedent's personal property under the immediate control of the Kern County Sheriff/Coroner/Public Administrator.

SIGNED: _____ DATE SIGNED: _____

If not next-of-kin, sign above and explain why next-of-kin is not handling. If the executor, attach a copy of the will.

Next-of-kin: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____

DECEDENT INFORMATION - FILL IN ALL BLANKS BELOW - TYPE OR PRINT ONLY

First Name		Middle		Last (Family)	
Date of Birth	Age	Sex	Date of Death	Hour of death	
Race	State of Birth		SSN #	Marital Status	
Occupation		Type of Business		Employer	
Residence-Street Address			City	County	Zip Code

FINAL DISPOSITION OF REMAINS

Funeral Director	Type of Disposition	Location of Disposition
Midgley-Gardenside Mortuary, South Gate, CA		

Address, City, State & Zip Code of Location of final Disposition