



**San Bernardino County Sheriff-Coroner Department  
CORONER DIVISION  
ORDER FOR RELEASE**

Date \_\_\_\_\_

**Order for the release of the body of:**

Name \_\_\_\_\_ Case No. \_\_\_\_\_  
AKA \_\_\_\_\_

"WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency (Penal Code Section 115 and 470)."

**NEXT OF KIN**

I certify that, pursuant to Section 7100, Health and Safety Code and 27491.3 of the Government Code of the State of California, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the deceased, please release the body and the personal property of the above deceased to the custody of:

Mortuary \_\_\_\_\_  
Mortuary Address \_\_\_\_\_ Mortuary Telephone \_\_\_\_\_  
Name of Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
*Please Print*  
Signed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_

**NONRELATIVE**

Reason for handling if not next of kin \_\_\_\_\_

I, \_\_\_\_\_, bearing no relationship to the above-named deceased, having executed the above authorization do hereby assume full responsibilities for the cost of all funeral services in connection therewith of the above-named funeral director.

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**FUNERAL DIRECTOR DISPOSITION SERVICE**

Acting as a representative of the firm of \_\_\_\_\_

*Name*

*Address*

*Telephone No.*

I state that I am entitled to custody of the remains of the above-named deceased.

- No clothing.       Clothing released to Law Enforcement.       Clothing released to mortuary.

I have examined Toe Tag # \_\_\_\_\_ which bears the name of \_\_\_\_\_

Received by \_\_\_\_\_ of \_\_\_\_\_  
*Name*

Signed \_\_\_\_\_ Releasing Supervisor \_\_\_\_\_  
*Signature*

Released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_