

ORDER FOR RELEASE
Ventura County Medical Examiner's Office

Release Hours - Mondays 2:00-4:00, Tuesday-Friday 1:00-4:00
Saturday-Sunday None
Send Completed to forms to meo.investigators@ventura.org
or by fax to 805-658-4598

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 & Phone number of establishment

AUTHORIZING PERSON'S INFORMATION:

Print Name _____ Relationship _____

Address _____

Telephone Number _____

Sign here _____ Date Signed _____

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:

WITNESS INFORMATION:

Witness Name _____ *Witness Signature* _____ *Date* _____

Relation/organization _____