

_____, California

TO: Medical Examiner-Coroner
County of Ventura

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

_____ DECEASED
THEREFORE, PLEASE RELEASE THE BODY OF THE ABOVE MENTIONED DECEASED TO

_____ UPON COMPLETION OF YOUR INVESTIGATION OF THE DEATH OF SAID DECEASED.

Signed _____ Relationship _____

Address _____ City _____ State _____

Telephone Number _____ Date Signed _____

IF NOT NEXT OF KIN, SIGN ABOVE AND EXPLAIN WHY NEXT OF KIN IS NOT HANDLING.

THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL OR BY A NON RELATIVE WHEN NO ASSETS ARE INVOLVED.

I, _____ BEARING NO RELATIONSHIP TO THE ABOVE NAMED DECEASED, HAVING EXECUTED THE ABOVE AUTHORIZATION, DO HEREBY ASSUME FULL RESPONSIBILITIES FOR THE COSTS OF ALL FUNERAL SERVICES IN CONNECTION THEREWITH OF THE ABOVE NAMED FUNERAL DIRECTOR.

Witness _____ Signed _____

Address _____ Address _____

_____ City _____ State _____

Telephone Number _____ Date Signed _____

PERSONAL I.D. BY:

Signed _____ Witness _____

Address _____ Address _____

_____ City _____ State _____

Telephone Number _____ Date Signed _____