



Santa Barbara County Sheriff-Coroner
Coroner's Bureau
66 S. San Antonio Road
Santa Barbara, California 93110
(805) 681-4145
(805) 681-4308 FAX

Coroner Fee Amount: \$100.00
(Per S. B. Co. Ordinance # 4412)

ORDER TO RELEASE

Santa Barbara County Sheriff-Coroner, Coroner Bureau:

I certify that I am the legal next of kin, pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the legal next of kin and it is my legal right to nominate a funeral director to take charge of the remains of:

\_\_\_\_\_, Deceased.

Therefore, please release the remains of the above mentioned deceased to:

Mortuary Name: \_\_\_\_\_

Funeral Director: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

upon completion of the Coroner's investigation of the death of said deceased.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Date Signed: \_\_\_\_\_

If not next of kin, please sign above and explain why the next of kin is not handling the arrangements:

This section shall be completed and signed when the person authorizing has been named to execute the last will and testament 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 responsibility for the costs of all funeral services in connection therewith of the above name funeral director.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Personal identification of authorizing person made by funeral director through the following means:

Driver's License (Number & State): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Signed: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Date Signed: \_\_\_\_\_