

**5***Please read and answer all questions before signing*

WAS THE DECEDENT LEGALLY MARRIED

AT THE TIME OF DEATH? .....

DOES THE DECEDENT HAVE ANY LIVING ADULT CHILDREN? .....

*Favor de leer y contestar todas las preguntas antes de firmar*

¿El Finado tiene hijos ó hijas mayores de 18 años? .....

¿El Finado ha sido casado legalmente? .....

Case No.

Case Name

**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, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving adult child or adult children of the decedent. (c) The surviving parent or parents of the decedent. (d) The 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. (e) The Public Administrator when the deceased has sufficient assets.

**"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)"** Therefore, please release the body upon completion of your investigation of the death of said deceased to:

MORTUARY: .....

NAME (PRINTED) ..... Relationship .....

Address ..... City ..... State ..... Zip Code .....

Telephone No. .... Date Signed .....

SIGNATURE .....

If the legal next of kin is not handling, please enter next of kin information below and explain why they are not handling. Attach supporting authorization documents, e.g. wills, power of attorney, faxes, etc.

Name ..... Relationship ..... Telephone No. ....

Address ..... City ..... State ..... Zip Code .....

**CODIGO DE SANIDAD Y SEGURIDAD • CAPITULO 3 • Custodia y Obligacion de Entierro**

7100. El derecho de controlar la disposcion de los restos del finado a mentos de que otras instrucciones hayan sido dadas por el finado, dar autoridad, y el deber del entierro y la responsabilidad por el gasto justo de entierro de tales restos pasa sobre lo siguiente en el orden nombrado, (a) esposo o esposa (b) hijo ó hijas mayores de 18 años (c) padre o padres del finado (d) persona o personas respectivamente en los grados de parentesco en el orden nombrado por las leyes de California como que tiene derecho se suceder al los bienes del finado (e) El Administrador Publico cuando el finado tiene suficiente bienes.

**"AVISO: La persona firmando esta orden para cesion es sujeto por todos los perjuicios causado por alguna falsa declaracion contenido en este documento. (Seccion 7110 DelCodigo De Sanidad y Seguridad) Es una ofensa criminal presenta al proposito falsos testimonio con una agencia del gobierno. (Codigo De Pena Seccion 115 y 470)".** Por eso, favor de entregar los restos del finado despues de completar la investigacion a:

FUNERARIA: .....

NOMBRE ..... Parentesco .....

(ESCRIBA EN LETRA DE MOLDE)

Domicilio ..... Ciudad ..... Estado ..... Zona Postal .....

Telefono ..... Fecha Firmada .....

FIRMA .....

Si no es el pariente próximo, firme y explique porque el pariente próximo no esta arreglando los trámites en este asunto. Si es el albacea del testamento, incluir una copia del testamento.

Pariente próximo ..... Parentesco .....

Domicilio ..... Ciudad ..... Estado ..... Zona Postal .....

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

WITNESSED DEATH ☐ Yes ☐ No If no, LAST KNOWN ALIVE Date \_\_\_\_\_ Time \_\_\_\_\_  
 Date and Time Discovered \_\_\_\_\_ Where \_\_\_\_\_  
 By Whom \_\_\_\_\_ Police Agency Investigated ☐ Yes ☐ No  
 If yes — Name and Division of Police Agency \_\_\_\_\_  
 REST HOME OR CONVALESCENT HOSPITAL DEATH: Date Admitted \_\_\_\_\_  
 Admitting Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

TERMINAL EVENT OR HOW DISCOVERED, KNOWN MEDICAL HISTORY, RECENT COMPLAINTS OR ILLNESSES AND ANY PERTINENT INFORMATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HISTORY OR EVIDENCE OF INJURY: ☐ Yes ☐ No TYPE OF INJURY: \_\_\_\_\_  
 Date and Time of Injury: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 At work ☐ Yes ☐ No At home ☐ Yes ☐ No If neither, where: \_\_\_\_\_  
 How did injury occur: \_\_\_\_\_  
 \_\_\_\_\_

ALL MEDICAL EVIDENCE LIST BELOW

R. No.	Date Filled:	Contents:	Amount Prescribed:	Amount Remaining:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS FORM COMPLETED BY \_\_\_\_\_

DECEDENT PERSONALLY IDENTIFIED BY:/IDENTIFICATION HECHA POR:

Signed / Firma _____	Witness/ Testigo _____
Name (Printed) _____	Nombre _____ (ESCRIBA EN LETRA DE MOLDE)
Address/ Domicilio _____	Address/ Domicilio _____
City/ Ciudad _____	City/ Ciudad _____
Telephone No./ Telefono _____	Date Signed/ Fecha Firmada _____