



**Margaret Mims
Sheriff – Coroner
3333 E. American Avenue, Suite G
Fresno, CA 93725
ORDER FOR RELEASE**

To: Margaret Mims
Sheriff-Coroner Office

Date: _____

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, as next of kin, it is my right to select any funeral director I desire to take charge of the body of deceased _____. Therefore, please release the body and personal effects of the above-mentioned deceased to _____. This is a voluntary action on my part and there has been no solicitation or effort made by any representative of the above named funeral home, or the Fresno County Sheriff-Coroner's Office to influence me to use said funeral home.

Signed _____
Printed Name _____ Relationship _____
Address _____ City _____
State _____ Telephone # _____

NON-RELATIVE

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 _____ City _____
State _____ State _____
Telephone # _____ Telephone # _____

IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED VERBALLY (BY TELEPHONE) COMPLETE THE FOLLOWING:

***** Written proof must accompany verbal release (ie: written fax, email, snapshot of text, etc.) *****

The above statement of authorization was read to and authorized by:

IT IS THE RESPONSIBILITY OF THE PERSON PRESENTING THIS ORDER FOR RELEASE TO THE SHERIFF-CORONER'S OFFICE TO INSURE THIS FORM IS COMPLETE AND CORRECTLY PREPARED. FAILURE TO DO SO MAY RESULT IN A DELAY IN THE RELEASE OF DECEDENT REMAINS.

Relationship _____

City _____ State _____ Zip _____ Telephone _____

Date & Time Authorization granted _____ At _____ AM/PM

Signature of person accepting authorization _____