COUNTY OF LOS ANGELES | **ORDER FOR RELEASE** | **DEPARTMENT OF MEDICAL EXAMINER**

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Please read and answer all the following questions before signing

Was the decedent legally married at the time of death?	Yes ☐	No ☐
Does the decedent have any living adult children?	Yes ☐	No ☐
Does the decedent have any living parents?	Yes ☐	No ☐
Does the decedent have a durable power of attorney or Advanced Health Care Directive under Probate Code Section 4600 et seq?	Yes ☐	No ☐

Case No.

Case Name

HEALTH AND SAFETY CODE § •7100• CUSTODY AND DUTY OF INTERMENT

"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)"

(1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code;

(2) The competent surviving spouse;

(3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children.

(4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.

(5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.

(6) The surviving competent adult person or persons respectively in the next degrees of kinship;

(7) A conservator of the person or estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.

(8) The public administrator.

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

Midgley Gardenside Mortuary — NAME OF MORTUARY

(562) 630-3886 — MORTUARY TELEPHONE NUMBER

NAME OF NEXT-OF-KIN (PLEASE PRINT LEGIBLY) | RELATIONSHIP | NEXT-OF-KIN'S SIGNATURE ☒

ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER | DATE SIGNED

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 | ADDRESS / CITY / STATE / ZIP CODE | TELEPHONE NUMBER

Only to be filled out on the day of pick up/Release.

MORTUARY ATTENDANT/DRIVER: **FIRST NAME** **LAST NAME**

NAME OF TRANSPORT COMPANY:

DATE OF PICK UP

For Medical Examiner Personnel Only

APPROVING SENIOR/SUPERVISOR **CRYPT**

ADDITIONAL DECEDENT INFORMATION ON REVERSE

760739 – (REV. 3/2025

County of Los Angeles INFORMATION OBTAINED BY MORTUARY FROM FAMILY Department of Medical Examiner

Attending Physician:_____ Phone:_____

Address: _____ Date Last 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 OF 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

Rx No	Date Filled:	Contents:	Amount Prescribed:	Amount Remaining:

Decedent Gender Identity: _____ Decedent Sexual Orientation:_____

THIS FORM COMPLETED BY:

DECEDENT PERSONALLY IDENTIFIED BY: / IDENTIFICATION HECHA POR:

Signed / Firma:_____ Witness / Testigo: _____

Print / Molde:_____ Print/ Molde :_____

(ESCRIBA EN LETRA DE MOLDE)

Address / Domicilio:_____ Address/ Domicilio:_____

City / Ciudad:_____ City/ Cuidad: _____

Telephone No. / Telefono:_____ Date Signed / Fecha De Firma: _____