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DEPARTMENT OF CORONER COUNTY OF LOS ANGELES

Please read and answer all questions before signing

Case No.
Case Name

WAS THE DECEDENT LEGALLY MARRIED AT THE TIME OF DEATH?
DOES THE DECEDENT HAVE ANY LIVING CHILDREN?

Favor de leer y contestar todas las preguntas antes de firmar

¿El Finado tiene hijos vivos?
¿El Finado ha sido casado legalmente?

Date

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 child or 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: Metropolitan Direct Cremation Service FD 2047

SIGNED _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. _____ Date Signed _____

If not next of kin, sign above and explain why next of kin is not handling. If the executor, attach a copy of the will.

Name _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____

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

7100. El derecho de controlar la disposicion de los restos del finado a menos 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 o hijos del finado (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 Del Codigo 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: _____
Firma _____ Parentesco _____
Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____
Telefono _____ Fecha Firmada _____

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

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

THIS FORM COMPLETED BY _____

PERSONAL I.D. BY:/IDENTIFICACION HECHA POR:

Signed Firma _____

Witness/ Testigo _____

Address/ Domicilio _____

Address/ Domicilio _____

City/ Ciudad _____

City/ Ciudad _____

Telephone No./ Telefono _____

Date Signed/ Fecha Firmada _____