



Orange County Sheriff- Coroner Department Next of Kin Authorization Form

*****Please fax form to: 714-647-7426 or Email: Coroner_MedRecs@ocsd.org*****

Questions please call: 714-647-7400

Coroner Case #: _____ Decedent's Name: _____
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I, _____, the decedent's _____
Your Name Here Your Relationship to Decedent

- As the **Legal Next of Kin**
 Durable Power of Attorney
 Other: _____

Authorize the Orange County Coroner's Office to allow:

Name: _____ Relationship: _____

Address: _____

Telephone #: _____ Date of Birth: _____

- To make arrangements for the decedent's: **BODY**
(Select One) **PROPERTY**
 BODY AND PROPERTY

I may be reached at: Your Address _____

Your Telephone # _____

- Driver License:** State _____ Number _____
 ID: State _____ Number _____
 Passport: Country _____ Number _____

*** (Must provide or attach a copy of a government photo ID to verify your identity) ***

Your Signature Date: _____
Todays Date

I affirm that the foregoing is true and correct and that I have the legal authority to direct the disposition of the above referenced decedents' remains and/or property as stated herein.

Coroner Office use only

Date and Time Received: _____ Deputy: _____ ID Verified: _____ OCCO: _____ FIELD: _____ FAX: _____ OCPA: _____ CME UPDATED: _____
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Integrity without compromise * Service above self * Professionalism in the performance of duty * Vigilance in safeguarding our community