



ISOC MORTUARY  
FD – 1814  
ONE AL-RAHMAN PLAZA, GARDEN GROVE, CA 92844  
Tel: (714) 531 5400 / (562) 843 6797  
Fax: (714) 752 5378  
[www.isocmasjid.com](http://www.isocmasjid.com)

## AUTHORIZATION TO RELEASE HUMAN REMAINS

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Medical Institution/Mortuary/Others)

Re: \_\_\_\_\_  
(Decedent Name)

I, the undersigned, hereby authorize and direct you to release the remains and personal effects of the above mentioned decedent to ISOC Mortuary and its agent(s).  
The undersigned hereby represents that he/she has legal right to control the disposition of the remains of the decedent.

➔ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

➔ WITNESS SIGNATURE: \_\_\_\_\_ Name \_\_\_\_\_



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**VITALS SHEET**

1. NAME OF DECEDENT - FIRST (GIVEN)			2. MIDDLE			3. LAST (FAMILY)				
AKA. ALSO KNOWN AS – INCLUDE FULL AKA(FIRST, MIDDLE, LAST)			4. DATE OF BIRTHmm/dd/ccyy		5. AGE YRS.	6. SEX	7. DATE OF DEATH mm/dd/ccyy		8. HOUR	
9. STATE OF BIRTH/FOREIGN COUNTRY		10. SOCIAL SECURITY #	11. MILITARY SERVICE YES NO UNK		12. MARITAL STATUS AT TIME OF DEATH		13. EDUCATION (DESCRIBE)			
14/15 WAS DECEDENT HISPANIC – IF YES – SPECIFY YES _____ NO			16. DECEDENT'S RACE							
17. USUAL OCCUPATION- TYPE OF WORK FOR MOST OF LIFE DO PUT NOT RETIRED			18. KIND OF BUSINESS OR INDUSTRY (E.G.. GROCERY STORE..)				19. YEARS IN OCCUPATION			
20. RESIDENCE – NUMBER AND STREET/LOCATION						21. CITY OF DEATH		COUNTY OF DEATH		
21. CITY		22. COUNTY	23. ZIP		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
26. INFORMANT FIRST NAME	INFORMANT LAST NAME		RELATION		27. INFORMANT'S MAILING ADDRESS/CITY/ZIP/STATE					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST			29. MIDDLE		30. LAST (BIRTH NAME)					
31. NAME OF FATHER/PARENT - FIRST			MIDDLE		33. LAST		34. BIRTH STATE			
35. NAME OF MOTHER/PARENT - FIRST			MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE			
NO. OF DEATH CERTIFICATES REQUIRED:					CORONER CASE # (IF ANY)					
DOCTOR'S NAME			PHONE #			BURIAL ON:		AT/TIME		
NAME OF PERSON RESPONSIBLE FOR PAYMENT			SIGNATURE			TEL #:		DATE		

**Burial at:**

Melrose Abbey Memorial Park - 2303 S. Manchester Ave., Anaheim 92802 Tel: (714) 634 1981

Rose Hills Memorial Park - 3888 Workman Mill Road, Whittier 90601 Tel: (562) 699 0921

Westminster Memorial Park - 14801 Beach Blvd., Westminster 92683 Tel: (714) 893 2421

El Toro Memorial Park - 25751 Trabuco Road, Lake Forest 92630 Tel: (949) 951-8244

United Islamic Youth Organization Cemetery - 12700 Morning Glory, Adelanto, CA 92301



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**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

TO: **ISOC MORTUARY**

RE: \_\_\_\_\_ (Decedent) I, \_\_\_\_\_

do \_\_\_do not \_\_\_(check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law. I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

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Then returned for funeral services. I understand I may be charged an additional fee for transport. The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

➔ Signed: \_\_\_\_\_, Relationship \_\_\_\_\_.

Executed this \_\_\_day of \_\_\_\_\_, 2014, at City \_\_\_\_\_, State \_\_\_\_.

**To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport is obtained orally (by Telephone):**

**The above statement of authorization and notification was read to \_\_\_\_\_,**

**Relationship \_\_\_\_\_, who did \_\_\_did not \_\_\_ (check one) authorize embalming at the above named funeral establishment. City \_\_\_\_\_, State \_\_\_\_, Phone \_\_\_\_\_**

**Date and time authorization granted: \_\_\_\_\_.**

Signature of Funeral Establishment representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_day of \_\_\_\_\_, 2014, at City \_\_\_\_\_, State \_\_\_\_.

(Signed) \_\_\_\_\_