

**AUTHORIZATION TO RELEASE HUMAN REMAINS**

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

To: \_\_\_\_\_  
 (Location of Remains)

Medical Institution     Nursing Home  
 Residence                       Other \_\_\_\_\_

\_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip                                      Telephone No.


I certify that I am the next-of-kin pursuant to Section 7100, Health and Safety Code, State of California, or am a relative acting as agent for the next-of-kin and it is my legal right to nominate a funeral director to take charge of the remains of:

\_\_\_\_\_, deceased.  
 Decedent's First Name                      Decedent's Middle Name                      Decedent's Last Name

Therefore, please release the remains of the above named decedent to Olive Tree Mortuary, Inc.

\_\_\_\_\_  
 Decedent's Weight (in pounds)                      Decedent's Height

I am also the person responsible for payment.

SIGNED:  \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

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

CITY: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**VITAL SHEET**

1. NAME OF DECEDENT - FIRST (GIVEN)			2. MIDDLE			3. LAST (FAMILY)			
AKA. ALSO KNOWN AS - (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy		5. AGE IN YEARS	6. SEX		7. DATE OF DEATH	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 (CHOOSE UP TO THREE)					
17. USUAL OCCUPATION TYPE OF WORK FOR MOST OF LIFE (DO NOT USE "RETIRED")			18. KIND OF BUSINESS OR INDUSTRY (E.G. GROCERY STORE...)			18. YEARS IN OCCUPATION			
20. RESIDENCE - NUMBER AND STREET/LOCATION			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			32. MIDDLE		33. LAST		34. BIRTH STATE		
35. NAME OF MOTHER/PARENT - FIRST					37. LAST (BIRTH NAME)		38. BIRTH STATE		
NUMBER OF DEATH CERTIFICATES REQUIRED			CORONER CASE # (IF ANY)						
DOCTOR'S NAME				DOCTOR'S PHONE NUMBER		BURIAL DATE		BURIAL TIME	
NAME OF PERSON RESPONSIBLE FOR PAYMENT			SIGNATURE			TELEPHONE		DATE	

**Burial at:** \_\_\_\_\_  
NAME OF CEMETERY CEMETERY TELEPHONE NUMBER

For shipment out of state or overseas, please provide the following information and passport. Due to additional requirements, shipment from Los Angeles may take from 5 to 10 working days (or more) from the time the body arrives at Olive Tree Mortuary.

Name of Consignee: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_

Cemetery Name, Address & Phone: \_\_\_\_\_

STREET CITY STATE ZIP TELEPHONE

