

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

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: OLIVE TREE MORTUARY, INC., License No. _____,
(Funeral Establishment Name)

RE: _____
Decedent's First Name Decedent's Middle Name Decedent's Last Name

Embalming 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, _____, do do not (check one) request embalming.
I understand that for storage or embalming purposes, the decedent may be transported to the following location:

OLIVE TREE MORTUARY, INC.
8381 Katella Ave. #F, Stanton, CA 90680

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

→
Signed: _____, Relationship to Decedent: _____

Executed this _____ day of _____, _____ at _____
Day Month Year City State

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did did not (check one) authorize embalming at the above named funeral establishment.

Telephone Number: _____

Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

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

Executed this _____ day of _____, _____, at _____,
(Day) (Month) (Year) (City) (State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)