



Santa Barbara County Sheriff-Coroner
Coroner's Bureau
66 S. San Antonio Road
Santa Barbara, California 93110
(805) 681-4145
(805) 681-4308 FAX

Coroner Fee Amount: \$100.00
(Per S. B. Co. Ordinance # 4412)

ORDER TO RELEASE

Santa Barbara County Sheriff-Coroner, Coroner Bureau:

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

_____, Deceased.

Therefore, please release the remains of the above mentioned deceased to:

Funeral Director: CREMATION SOCIETY OF SANTA BARBARA Address: 1727 STATE STREET, SUITE 20
SANTA BARBARA, CA 93101
 Telephone: (805) 258 - 7700 Fax: (805) 643 - 4129

upon completion of the Coroner's investigation of the death of said deceased.

X Signed: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: () Date Signed: _____

If not next of kin, please sign above and explain why the next of kin is not handling the arrangements:

This section shall be completed and signed when the person authorizing has been named to execute the last will and testament or by a non-relative, when no assets are involved.

I, _____ bearing no relationship to the above named deceased, having executed the above authorization; do hereby assume full responsibility for the costs of all funeral services in connection therewith of the above name funeral director.

X Signed: _____ Witness: _____
 Address: _____ Address: _____
 City: _____ State: _____ City: _____ State: _____
 Telephone: () Telephone: ()

Personal identification of authorizing person made by funeral director through the following means:

Driver's License Other (Specify): _____
 (Number & State): _____

Signed: _____ Funeral Director: _____
 Address: _____ City: _____ State: _____
 Telephone: () Date Signed: _____