



Orange County Sheriff- Coroner Department Coroner Authorization Form

*****Please fax form to: 714-647-7426 or Email: Coroner_MedRecs@ocsheriff.gov*****

Questions please call: 714-647-7400

Coroner Case #: _____	Decedent's Name: _____
-----------------------	------------------------

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: _____

Address: _____

Telephone #: _____ Date of Birth: _____

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

1071 W. SANTA ANA BLVD. SANTA ANA CA 92703 (714) 647-7400

Integrity without compromise * Service above self * Professionalism in the performance of duty * Vigilance in safeguarding our community