**Orange County Sheriff- Coroner Department**

**Coroner Authorization Form**

\*\*\*\*\*\*Please fax form to: 714-647-7426 or Email: Coroner\_Requests@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: [ ]  **BODY**

**(Select One)** [ ]  **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) \*\*\***

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

Your Signature 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: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**