"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

Forensic Science Laboratories
323-343-0530

Odey C. Ukpo, M.D., M.S.
Chief Medical Examiner

AUTHORIZATION BY NEXT-OF-KIN

I/We_____, represent that I am/we are the next-of-kin with authority to control disposition of the remains of _____, ME Case Number_____, as provided in Health and Safety code sections 7150 and 7151. I/We do hereby grant authorization to the Department of Medical Examiner to release specimens for testing.

I/We have no objection to this request. I/We understand that this testing is not at the request of the Los Angeles County Department of Medical Examiner and I/We agree to hold harmless and indemnify the Medical Examiner, County of Los Angeles and their officers, agents and employees from and against any claims suits, damages or cause of actions of any nature including legal costs that may arise in connection herewith.

_____ _____

Signature Next-of-Kin Date

Name of Lab:_____ Contact Person:_____

Address:_____

City_____ State_____ Zip_____

Phone Number:_____ Fax No.:_____

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