



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



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

The following documents are being provided to you because you have requested County Disposition or Veteran's burial for your loved one who is currently at our office. Please complete the forms with as much information as possible, as they will be used to complete the final Certificate of Death. Once the forms have been completed, please return them to our office promptly so that we can begin the disposition process. Once we are in receipt of the documents, the process usually takes between, four to six weeks but could take longer due to unforeseen complications. Please be patient. Once the body has been released, a letter will be sent to you updating you on the progress and which agencies you will need to contact for more information. Completed forms should be mailed to:

County of Los Angeles
Department of Medical Examiner
1104 N. Mission Rd.
Los Angeles, Ca. 90033
ATTN: Notifications

For faster service, forms can be faxed to our office at: (323) 222-0343. For Veteran's burials, please include a copy of the veteran's military discharge, DD 214 or Veteran's Claim. Please be advised that if the decedent should be found not to be eligible for veteran's burial and the family does not make private arrangements, we will turn the remains over to the Los Angeles County Mortuary for cremation. Should you have any questions or difficulties in completing the paperwork, please contact our office at (323) 343-0755 during regular working hours Monday through Friday, 6:00 am to 5:30 pm.

If the paperwork has not been received in this office within ten (10) working days of the date on this letter, disposition will be made by the County of Los Angeles as directed by the Los Angeles County Department of Medical Examiner (California Health and Safety Code sections 7104(a), 7104.1, 7108 and 7109). **Please be aware that if the County of Los Angeles does cremate the decedent, and it is found that the family had the financial means for a private service, the County of Los Angeles may charge the family up to three (3) times the amount of the costs incurred by the County of Los Angeles. Also, please note per Health and Safety Code Section 7103(a) "Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor".**

Please accept our sincere condolences on the loss of your loved one. If we can be of any further assistance, please contact us at your convenience.

Thank you,
Operations Bureau
Notifications/Identifications Section

Accreditations:

National Association of Medical Examiners
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

American Society of Crime Laboratory Directors-LAB
Peace Officer Standards and Training Certified

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Please read and answer all questions before signing

Was the decedent legally married at the time of death? Yes No
Does the decedent have any living adult children? Yes No
Does the decedent have any living minor children? Yes No
Does the decedent have any living parents? Yes No

Favor de leer y contestar todas las preguntas antes de firmar

¿El difunto estuvo casado legalmente? Si No
¿El difunto tiene hijos vivientes menores de 18 años? Si No
¿El difunto tiene hijos vivientes menores de edad? Si No
¿El difunto tiene padres vivientes? Si No

Case No.

Case Name

HEALTH AND SAFETY CODE § 7100 • CUSTODY AND DUTY OF INTERMENT

WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470)

- (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code;
(2) The competent surviving spouse;
(3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children.
(4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.
(5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.
(6) The surviving competent adult person or persons respectively in the next degrees of kinship;
(7) A conservator of the person or estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
(8) The public administrator

Therefore, please release the body upon completion of your death investigation of said deceased to:

NAME OF MORTUARY

NAME OF NEXT-OF-KIN

(PLEASE PRINT LEGIBLY)

RELATIONSHIP

NEXT-OF-KIN'S SIGNATURE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

DATE SIGNED

IF THE LEGAL NEXT-OF-KIN IS NOT HANDLING, PLEASE ENTER NEXT-OF-KIN INFORMATION BELOW AND EXPLAIN WHY THEY ARE NOT HANDLING. ATTACH SUPPORTING AUTHORIZATION DOCUMENTS, E.G. WILLS, POWER OF ATTORNEY, FAXES, ETC.

NAME

RELATIONSHIP

ADDRESS / CITY / STATE / ZIP CODE

TELEPHONE NUMBER

CÓDIGO SALUD Y SEGURIDAD • § 7100 • CUSTODIA Y OBLIGACIÓN DE ENTIERRO

AVISO: La persona que firma este documento será responsable de su contenido y responderá por cualquier daño(s) producto de cualquier información falsa contenida en el mismo. (Sección 7110 Del Código De Salud y Seguridad) Además, es una ofensa criminal proveer información falsa a propósito a una entidad del gobierno. (Código Penal Sección 115 y 470)

- (1) Un agente con un poder notarial para decisiones de la salud, el cual tiene el derecho y el deber de la disposición conforme a la División 4.7 (comenzando con la Sección 4600) del Código de Sucesiones;
(2) El cónyuge sobreviviente competente;
(3) El único hijo sobreviviente adulto competente del difunto o, si hay más de un hijo adulto competente, el consenso de la mayoría de los hijos adultos sobrevivientes competentes.
(4) El padre sobreviviente competente o a los padres del difunto. Si uno de los padres competentes supervivientes está ausente, el padre competente presente se le concederá a los derechos y deberes de esta sección siempre y cuando esfuerzos razonables para localizar al padre ausente no han tenido éxito.
(5) El único hermano adulto sobreviviente competente del difunto o, si hay más de un hermano adulto sobreviviente competente del difunto, el consenso de la mayoría de los hermanos adultos sobrevivientes competentes.
(6) El sobreviviente adulto competente o personas, en los grados de parentesco próximo.
(7) Si el difunto tiene activos suficientes, un tutor del individuo o de la propiedad, designado de acuerdo a la Parte 3 (comenzando con la Sección 1800) del 4° Capítulo del Código de Sucesiones.
(8) El administrador público cuando el fallecido tiene activos suficientes.

Por lo tanto, tras la finalizar la investigación de la muerte del susodicho individuo, favor de entregar sus restos a:

NOMBRE DE FUNERARIA

NOMBRE DE PARENTESCO

(ESCRIBÁ EN LETRA DE MOLDE)

PARENTESCO

FIRMA DE PARENTESCO

DIRECCION

CIUDAD

ESTADO

CODIGO POSTAL

NUMERO DE TELEFONO

FECHA DE FIRMA

SI USTED NO ES EL PARIENTE PRÓXIMO DE ACUERDO A LA LEY, FIRME Y EXPLIQUE PORQUE EL PARIENTE PRÓXIMO NO ESTÁ HACIENDO LOS TRÁMITES EN ESTE ASUNTO. SI ES EL ALBACEA DEL TESTAMENTO, FAVOR DE INCLUIR UNA COPIA DEL MISMO JUNTO A ESTE DOCUMENTO.

PARIENTE PRÓXIMO

PARENTESCO

DIRECCION / CIUDAD / ESTADO / CODIGO POSTAL

NUMERO DE TELEFONO



COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



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WORKSHEET STATISTICAL DATA FOR CERTIFICATE OF DEATH

Please supply information below using the decedent's information (if known), **not yours**.

Please type or print legibly.

1A. NAME OF DECEDENT - FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		3. SEX		
4. RACE		5. HISPANIC - SPECIFY <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		6. DATE OF BIRTH - MO, DAY, YR		7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS _____ DAYS _____	
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF DECEDENT'S FATHER		10B. FATHER'S STATE OF BIRTH	11a. FULL MAIDEN NAME OF DECEDENT'S MOTHER			
11B. MOTHER'S STATE OF BIRTH	12. MILITARY SERVICE? 19 ____ TO 19 ____ <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME).		
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16D. YEARS IN OCCUPATION		17. EDUCATION - YEARS COMPLETED		
18A. DECEDENT'S RESIDENCE - STREET AND NUMBER OR LOCATION				18B. CITY		18C. ZIP CODE		
18D. COUNTY OF RESIDENCE		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		PLEASE ATTACH A COPY OF MILITARY DISCHARGE DD-214		
MILITARY DATA	ENLISTMENT	DAY	MO	YR	SERIAL SERVICE #	TYPE OF DISCHARGE	HONORABLE	DISHONORABLE

WORKSHEET CERTIFICATE OF FETAL DEATH

Please supply information as indicated (if and where known)

THIS FETUS	1A. NAME - FIRST GIVEN		1B. MIDDLE		1C. LAST (FAMILY)		
	2. SEX	3A. THIS FETUS, SINGLE, TWIN, ETC.	3B. IF MULTIPLE THIS FETUS 1 ST , 2 ND , ETC.		4A. DATE OF EVENT - MONTH, DAY, YEAR	4B. HOUR - 24 HOUR CLOCK TIME	
PLACE OF DELIVERY	5A. PLACE OF EVENT - NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS - STREET, NUMBER OF LOCATION			
	5C. CITY			5D. COUNTY		5E. PLANNED PLACE OF DELIVERY	
FATHER	6A. NAME OF FATHER - FIRST (GIVEN)		6B. MIDDLE		6C. LAST (FAMILY)	7. STATE OF BIRTH	8. DATE OF BIRTH - MONTH, DAY, YEAR
MOTHER	9A. NAME OF MOTHER - FIRST (GIVEN)		9B. MIDDLE		9C. LAST (MAIDEN)	10. STATE OF BIRTH	8. DATE OF BIRTH - MONTH, DAY, YEAR
FATHER	12. RACE		13. HISPANIC - SPECIFY <input type="checkbox"/> YES <input type="checkbox"/> NO		14A. USUAL OCCUPATION	14B. USUAL KIND OF BUSINESS OR INDUSTRY	14C. EDUCATION - YRS. COMPLETED
MOTHER	15. RACE		16. HISPANIC - SPECIFY <input type="checkbox"/> YES <input type="checkbox"/> NO		17A. USUAL OCCUPATION	17B. USUAL KIND OF BUSINESS OR INDUSTRY	17C. EDUCATION - YRS. COMPLETED
	18A. RESIDENCE - STREET, NUMBER, OR LOCATION		18B. CITY		18C. STATE	18D. ZIP	18e. COUNTY



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Complete this page only if you are requesting County Cremation

In compliance with the laws of the State of California, the following information is being provided to you. Please read the two (2) citations and sign where indicated and return the document to the Department of Medical Examiner with the other documents you are being asked to complete. These documents will be maintained with the permanent file and will allow the County of Los Angeles Department of Health Services to proceed with the cremation according to your wishes.

Section 7051 of the Health and Safety Code reads in part: "This section shall not prohibit the removal of foreign material, pacemaker, or prostheses from cremated remains by an employee of a licensed crematory prior to final processing of ashes. Dental gold or silver, jewelry, or mementos, to the extent that they can be identified, may be removed by the employee prior to final processing in the equipment in such that it will not process these materials. However, dental gold and silver, jewelry, or mementos that are removed shall be returned to the urn or cremated remains container, unless otherwise directed by the person or persons having the right to control the disposition."

7054.7(b) reads: "Written acknowledgments from the person entitled to control the disposition of the cremated remains shall be obtained by the person with whom arrangements are made for disposition of the remains on a form that includes, but is not limited to, the following information: "the human body burns with the casket, container, or other material in the cremation chamber. During the cremations, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremations chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate internment or scattering. Some residue remains in the cracks and uneven placed of the chamber. Periodically, the accumulation of the residue is removed and interred in a dedicated cemetery property, or scattered at sea. The acknowledgment shall be filed and retained, for at least five years, by the person who disposes of or inters the remains."

I have read the above sections of the California Health and Safety Code and under Section 710 of the California Health and Safety Code; I am one of those persons named with the right to control the disposition of the remains.

Signature _____ **Print Name** _____

Accreditations:

*National Association of Medical Examiners
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education*

*American Society of Crime Laboratory Directors-LAB
Peace Officer Standards and Training Certified*