



# COUNTY OF LOS ANGELES

## DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



*Odey C. Ukpo, M.D., M.S.*  
*Interim Chief Medical Examiner-Coroner*

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-Coroner  
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-Coroner (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*

5A

Please read and answer all questions before signing

WAS THE DECEDENT LEGALLY MARRIED AT THE TIME OF DEATH? ..... \_\_\_\_\_  
DOES THE DECEDENT HAVE ANY LIVING CHILDREN 18 YEARS OR OLDER? \_\_\_\_\_  
Favor de leer y contestar todas las preguntas antes de firmar  
¿El Finado tiene hijos ó hijas mayores de 18 años?..... \_\_\_\_\_  
¿El Finado ha sido casado legalmente? ..... \_\_\_\_\_

Case No. \_\_\_\_\_  
Case Name: \_\_\_\_\_  
\_\_\_\_\_

HEALTH AND SAFETY CODE • CHAPTER 3 • CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:  
(1) An agent under a power of attorney for health care who has the right and duty of disposition.  
(2) The competent surviving spouse or State Registered Domestic Partner.  
(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.  
(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, or if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons.  
(7) The Public administrator when the deceased has sufficient assets.

“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 Sections 115 and 470)”. Therefore, please release the body upon completion of your investigation of the death of said deceased to:

Name (Printed): \_\_\_\_\_ Relationship: \_\_\_\_\_ CDL/Passport #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Would you like to Obtain the ashes?  Yes  No

CODIGO DE SANIDAD Y SEGURIDAD • CAPITULO 3 • Custodia y Obligacion de Entierro

7100. El derecho de controlar la disposicion de los restos del finado a menos de que otras instrucciones hayan sido dadas por el finado, dar autoridad, y el deber del entierro y la responsabilidad por el gasto justo de entierro de tales restos pasa sobre lo siguiente en el orden nombrado:  
(1) Agente con poder de abogado duradero.  
(2) Esposo o Esposa o Pareja Domestica Registrado Con el Estado.  
(3) Hijos ó hijas mayores de 18 años.  
(4) Padre o Padres del finado.  
(5) Persona or personas respectivamente en los grados de parentesco en el orden nombrado por las leyes de California como que tiene derecho de suceder al los bienes del finado.  
(6) El Administrador Publico cuando el finado tiene suficientes bienes.

“AVISO: La persona firmando esta orden para cesion es sujeto por todos perjuicios causado por alguna falsa declaracion contenido en este documento (Seccion 7110 Del Codigo De Sanidad y Seguridad). Es una ofensa criminal presenta al proposito falsos testimonio con una agencia del gobierno (Codigo De Pena Seccion 115 y 470)”. Por eso, favor de entregar los restos del finado despues de completar la investigacion a:

Funeraria: \_\_\_\_\_ Domicilio: \_\_\_\_\_ Telefono: \_\_\_\_\_

Nombre: \_\_\_\_\_ Parentesco: \_\_\_\_\_ CDL/PASSPORT#: \_\_\_\_\_  
(ESCRIBA EN LETRA DE MOLDE)

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zona Postal: \_\_\_\_\_

Telefono: \_\_\_\_\_ Fecha Firmada: \_\_\_\_\_ FIRMA: \_\_\_\_\_

Si no es el pariente próximo, firme y explique porque el pariente próximo no esta arreglando los trámites en este asunto. Si es el albacea del testamento, incluir una copia del testamento.

Pariente próximo: \_\_\_\_\_ Parentesco: \_\_\_\_\_ CDL/PASSPORT#: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zona Postal: \_\_\_\_\_

¿Desea usted obtener las cenizas?  Sí  No



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"Enriching Lives"

### 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<br><input type="checkbox"/> YES _____ <input type="checkbox"/> NO |    | 6. DATE OF BIRTH - MO, DAY, YR      |                  | 7. AGE IN YEARS                                   | IF UNDER 1 YEAR<br>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?<br>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<br>1 <sup>ST</sup> , 2 <sup>ND</sup> , 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<br><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<br><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-Coroner 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 acknowledgements 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 inurnment 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** \_\_\_\_\_

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