



ISOC MORTUARY FD-1814 • TEL: (714) 531-5400 / (562) 843-6797 • FAX: (714) 752-5378

ONE AL-RAHMAN PLAZA, GARDEN GROVE, CA 92844 • WWW.ISOCMASJID.COM

AUTHORIZATION TO RELEASE HUMAN REMAINS Date: _____

To: _____
(Location of Remains)

- Medical Institution
- Nursing Home
- Residence
- Other: _____

Coroner Case Number (if any) _____

Street Address

City

State

Zip

Telephone No.

Decedent's First Name

Decedent's Middle Name

Decedent's Last Name

Decedent's Height

Please release the remains of the above named decedent to ISOC Mortuary.

Decedent's Weight (lbs.) _____

WARNING: Please read and answer all questions before signing. The person signing this Authorization to 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)

Yes No

Yes No

Was the decedent legally married at the time of death?

Does the decedent have any living minor children?

Yes No

Yes No

Does the decedent have any living adult children?

Does the decedent have any living parents?

The right to control the disposition of the remains of a deceased person unless other directions have been given by the decedent pursuant to Section 7100.1, 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 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 when the deceased has sufficient assets. Therefore, please release the body of said deceased to ISOC Mortuary.

Yes No I am the person with the legal right to make all decisions regarding disposition of the remains of the decedent named above, according to Section 7100, Health and Safety Code, State of California.

Therefore, please release the remains of the above named decedent to ISOC Mortuary.

I am also the person responsible for payment.

Yes No

Payment in full for goods and services is due 48 hours prior to the services being rendered.



SIGNED: _____ DATE: _____

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____



ISOC MORTUARY FD-1814 • TEL: (714) 531-5400 / (562) 843-6797 • FAX: (714) 752-5378

ONE AL-RAHMAN PLAZA, GARDEN GROVE, CA 92844 • WWW.ISOCMASJID.COM

VITALS SHEET

1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
AKA. ALSO KNOWN AS - (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	5. AGE IN YEARS	6. SEX	7. DATE OF DEATH	8. HOUR
9. STATE OF BIRTH/FOREIGN COUNTRY	10. SOCIAL SECURITY #	11. MILITARY SERVICE YES NO UNK		12. MARITAL STATUS AT TIME OF DEATH		13. EDUCATION (DESCRIBE)
14/15 WAS DECEDENT HISPANIC - IF YES - SPECIFY YES _____ NO		16. DECEDENT'S RACE (CHOOSE UP TO THREE)				
17. USUAL OCCUPATION TYPE OF WORK FOR MOST OF LIFE (DO NOT USE "RETIRED")		18. KIND OF BUSINESS OR INDUSTRY (E.G. GROCERY STORE...)		18. YEARS IN OCCUPATION		
20. RESIDENCE - NUMBER AND STREET/LOCATION		CITY OF DEATH		COUNTY OF DEATH		
21. CITY	22. COUNTY	23. ZIP	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY		
26. INFORMANT FIRST NAME	INFORMANT LAST NAME	RELATION	27. INFORMANT'S MAILING ADDRESS/CITY/ZIP/STATE			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST	34. BIRTH STATE		
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE		
NUMBER OF DEATH CERTIFICATES REQUIRED		CORONER CASE # (IF ANY)				
DOCTOR'S NAME			DOCTOR'S PHONE NUMBER	BURIAL DATE	BURIAL TIME	
NAME OF PERSON RESPONSIBLE FOR PAYMENT		SIGNATURE		TELEPHONE	DATE	

BURIAL AT: _____
 NAME OF CEMETERY ADDRESS OF CEMETERY TELEPHONE NO. OF CEMETERY

Melrose Abbey Memorial Park 2303 3 S. Manchester Ave., Anaheim, CA 92802 Tel: (714) 634-1981

Rose Hills Memorial Park 3888 Workman Mill Road, Whittier, CA 90601 Tel: (562) 699-0921

Westminster Memorial Park 14801 Beach Blvd., Westminster, CA 92683 Tel: (714) 893-2421

United Islamic Youth Organization Cemetery 12700 Morning Glory, Adelanto, CA 92301