



ISOC MORTUARY

FD – 1814

ONE AL-RAHMAN PLAZA, GARDEN GROVE, CA 92844

Tel: (714) 531 5400 / (562) 843 6797

Fax: (714) 752 5378

www.isocmasjid.com

AUTHORIZATION TO RELEASE HUMAN REMAINS

Date: _____

To: _____
(Medical Institution/Mortuary/Others)

Re: _____
(Decedent Name)

I, the undersigned, hereby authorize and direct you to release the remains and personal effects of the above mentioned decedent to ISOC Mortuary and its agent(s).

The undersigned hereby represents that he/she has legal right to control the disposition of the remains of the decedent.

➔ SIGNED: _____ DATE: _____

NAME: _____ RELATIONSHIP: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

➔ WITNESS SIGNATURE: _____ Name _____



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VITALS SHEET

1. NAME OF DECEDENT - FIRST (GIVEN)			2. MIDDLE			3. LAST (FAMILY)			
AKA. ALSO KNOWN AS – INCLUDE FULL AKA(FIRST, MIDDLE, LAST)			4. DATE OF BIRTHmm/dd/ccyy		5. AGE YRS.	6. SEX	7. DATE OF DEATH mm/dd/ccyy		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						
17. USUAL OCCUPATION- TYPE OF WORK FOR MOST OF LIFE DO PUT NOT RETIRED			18. KIND OF BUSINESS OR INDUSTRY (E.G.. GROCERY STORE..)			19. YEARS IN OCCUPATION			
20. RESIDENCE – NUMBER AND STREET/LOCATION					21. 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			MIDDLE		33. LAST		34. BIRTH STATE		
35. NAME OF MOTHER/PARENT - FIRST			MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE		
NO. OF DEATH CERTIFICATES REQUIRED:					CORONER CASE # (IF ANY)				
DOCTOR'S NAME			PHONE #		BURIAL ON:		AT/TIME		
NAME OF PERSON RESPONSIBLE FOR PAYMENT			SIGNATURE		TEL #:		DATE		

Burial at:

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

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

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

El Toro Memorial Park - 25751 Trabuco Road, Lake Forest 92630 Tel: (949) 951-8244

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



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AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: **ISOC MORTUARY**

RE: _____ (Decedent) I, _____

do ___do not ___(check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law. I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

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Then returned for funeral services. I understand I may be charged an additional fee for transport. The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

➔ Signed: _____, Relationship _____.

Executed this ___day of _____, 2014, at City _____, State ____.

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport is obtained orally (by Telephone):

The above statement of authorization and notification was read to _____,

Relationship _____, who did ___did not ___ (check one) authorize embalming at the above named funeral establishment. City _____, State ____, Phone _____

Date and time authorization granted: _____.

Signature of Funeral Establishment representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ___day of _____, 2014, at City _____, State ____.

(Signed) _____