

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.:			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS:			
MATTER OF:			
_____, Decedent			
EX PARTE PETITION FOR COURT ORDER TO RELEASE REMAINS OF A DECEDENT		CASE NUMBER:	
		HEARING DATE:	
		DEPT.:	TIME:

THIS EX PARTE PETITION IS ONLY TO REQUEST RELEASE OF THE REMAINS OF THE DECEDENT AND DOES NOT CONTAIN ANY REQUEST TO ADMINISTER THE ESTATE OF DECEDENT.

1. Petitioner, _____, requests an order from the Court

(Your Name)

authorizing him/her to claim the remains of the decedent _____.

(Decedent's Name)
2. Decedent died on: _____ at: _____

(Date) (City and State)

Check one:

- Decedent was a resident of the County of Los Angeles and his/her remains are in the custody of the Los Angeles County Coroner or a hospital or mortuary located in Los Angeles County.
- Decedent was NOT a resident of the County of Los Angeles and his/her remains are in the custody of the Los Angeles County Coroner or a hospital or mortuary located in Los Angeles County.

3. Street address, city, and county of decedent's residence at time of death (specify):

4. My relationship to the decedent is: _____. [If you are not related to the decedent by either blood or marriage, describe below how long you have known the decedent and how you met (work, church, neighbor, etc.)]:

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5. To the best of my knowledge, Decedent is survived by (check all that apply):
- | | |
|--|--|
| a. <input type="checkbox"/> Spouse | f. <input type="checkbox"/> Brothers or Sisters |
| b. <input type="checkbox"/> Registered Domestic Partner | g. <input type="checkbox"/> Grandparents |
| c. <input type="checkbox"/> Child(ren), Natural or Adopted | h. <input type="checkbox"/> Aunts or Uncles |
| d. <input type="checkbox"/> Grandchild(ren) | i. <input type="checkbox"/> Cousins |
| e. <input type="checkbox"/> Parent or Parents | j. <input type="checkbox"/> No Next of Kin (if this box is checked, skip to question 8 below). |

6. Listed below are all of the decedent's known relatives, their relationship(s) to the decedent, approximate age(s), address(es) and phone number(s):

7. I have made the following attempts to contact decedent's relatives to inform them of my request to claim the decedent's remains (describe below):

8. Decedent has no living relatives. I know this because (describe below, for example, "The decedent told me many times that he had no relatives," or "I have known the decedent for 10 years and she never spoke of having any family."):

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

Date: _____

Petitioner's Signature

Type or Print Petitioner's Name

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