

NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY:   TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	STATE BAR NUMBER	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS:		
CASE NAME:		
<b>EX PARTE PETITION FOR COURT ORDER TO RELEASE REMAINS OF A DECEDENT</b>		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 authorizing him/her  
(Your Name)  
 to claim the remains of the decedent \_\_\_\_\_ for purposes of final disposition.  
(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. Did the decedent leave any written burial instructions?  Yes  No  Unknown  
 If yes, please attach a copy of the written instructions. If instructions are in a Will that the decedent made, please provide a copy of the Will.
  
5. Did the decedent complete a Power of Attorney for Health Care (often nominated in a document called an Advance Health Care Directive) naming an agent?  Yes  No  Unknown  
 If yes, please list the name and contact information of the agent (or write "self" if you are the named agent) and attach a copy of the completed document.  
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6. 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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7. To the best of my knowledge, Decedent is survived by (check all that apply):
- a.  Spouse
  - b.  Registered Domestic Partner
  - c.  Child(ren), Natural or Adopted
  - d.  Grandchild(ren)
  - e.  Parent or Parents
  - f.  Brothers or Sisters
  - g.  Grandparents
  - h.  Aunts or Uncles
  - i.  Cousins
  - j.  No Next of Kin (if this box is checked, skip to question 12 below).

8. 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):

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9. Have the relatives nominated you to make burial arrangements?  Yes  No  
If yes, please attach the nomination(s).

10. Are there any disagreements amongst the persons named in Paragraph 7 as to the location, manner and conditions of disposition of the remains of the decedent?  Yes  No

11. 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 or attach declaration):

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12. Decedent has no known 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.”):

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13. If I am a non-relative of the decedent, telephonic notice has been provided to the Public Administrator.

14. I (the petitioner) take full responsibility for all costs involved in connection with the final disposition of decedent's remains.

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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