

**Olive View-UCLA Medical Center**

**REQUEST TO VIEW DECEDENT REMAINS**

I, \_\_\_\_\_, (relationship) \_\_\_\_\_

of \_\_\_\_\_ deceased, request to view his/her unembalmed /unrestored remains. I have been advised by Olive View-UCLA Medical Center staff, that there may be aspects of such viewing that I may find physically or emotionally upsetting, or both. Notwithstanding the advice of the Olive View-UCLA Medical Center staff, I wish to proceed as I have requested and hold the County and its employee's harmless from any liability arising out of complying with my request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_[\_\_\_\_\_]\_\_\_\_\_  
Requestor's Signature                      Date                      Telephone Number

\_\_\_\_\_  
Address                                      City                      State                      Zip code

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Name of Deceased                                      MRUN Number                                      Ward

Submit completed request to Department of Social Work, Room 1A139 or Medical Records, Room 1B117