



SHERIFF-CORONER

COUNTY OF SANTA CRUZ

5200 Soquel Ave, Santa Cruz, CA 95062

(831) 454-7790 / (831) 454-7799 fax

JIM HART
SHERIFF-CORONER

REQUEST FOR RELEASE OF REMAINS

TO: County of Santa Cruz SHERIFF-CORONER

Coroner Case # _____
(For Coroner Use Only)

Decedent's Name: _____

I certify that, pursuant to **Section 7100, Health and Safety Code, State of California**, it is my legal right to control the disposition of the remains of the above named decedent. I understand a \$300.00 fee applies. I hereby request that you release the remains in your custody to:

Name of Funeral Director/Mortuary	Mailing Address, City, State, Zip	Telephone Number
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The person signing this request 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 forge or knowingly file a false statement with a government agency (Penal Code Sections 115 and 470).

SIGNED: _____ DATE: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY / STATE: _____ TELEPHONE: _____

PERSONAL PROPERTY ADVISEMENT

The Sheriff-Coroner may be in possession of personal property belonging to the decedent. The Sheriff-Coroner will only maintain property for sixty days from date of death. Property will be disposed of after the sixty-day period. Please choose one of the following options:

I elect to pick up the personal property from the Sheriff-Coroner within the sixty-day period. I understand that property not picked up within the time period will be disposed of. I will call to make an appointment for release.

Signed _____

OR

I hereby request that the Santa Cruz County Sheriff-Coroner release all personal property in its custody to the above listed funeral director or mortuary. ***I understand that the Santa Cruz County Sheriff-Coroner is not responsible for any lost or stolen property resulting from this release.*** If electing this option, the Santa Cruz County Sheriff-Coroner's "Request For Release of Decedent's Personal Property" form must also be completed.

Signed _____

FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED THE ANKLET TAG WHICH BEARS THE NAME OF THE ABOVE DECEDENT AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

_____: PERSONAL PROPERTY
INITIAL

_____: CLOTHING
INITIAL

REPRESENTATIVE: _____

SIGNATURE: _____

RELEASED BY: _____

DATE/TIME: _____