



SHERIFF-CORONER

COUNTY OF SANTA CRUZ

5200 Soquel Ave, Santa Cruz, CA 95062

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

CHRIS CLARK
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 and I may be subject to a \$30.00 daily storage fee. I hereby request that you release the remains in your custody to:

Name of Funeral Director/Mortuary

Mailing Address, City, State, Zip

Employee Completing form

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).

PRINTED NAME: _____ DATE: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY / STATE: _____ TELEPHONE: _____

SIGNATURE: _____ ID NUMBER/TYPE: _____

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 _____ PRINTED NAME: _____

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 certify that pursuant to Section 330, California Probate Code, I am authorized to request release of all personal property in your custody. I understand and will abide by Section 330(e) of the California Probate Code. I also certify that I am unaware of any dispute over my right to possession of the property. ***I understand that the Santa Cruz County Sheriff-Coroner is not responsible for any lost or stolen property resulting from this release.***

Signed _____ PRINTED NAME: _____

Complete below if electing to release property to the mortuary:

CALIFORNIA PROBATE CODE SECTION 13104(d) Verification of Identity:

Person verifying identity: _____ Title: _____ Date: _____

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.

REPRESENTATIVE: _____

SIGNATURE: _____

RELEASED BY: _____

DATE/TIME: _____