

County of Santa Clara

Office of the Medical Examiner-Coroner

850 Thornton Way
San Jose, CA 95128
(408) 793-1900



REQUEST FOR RELEASE OF REMAINS

California State Health and Safety Code Section 7100 authorizes certain people to control the disposition of remains. By signing this document I acknowledge that I have the legal authority under Section 7100 to control the disposition of the listed decedent, and I am authorizing the Santa Clara County Medical Examiner-Coroner's Office to release the remains of the decedent listed below to the designated funeral director/mortuary staff. I understand that by signing this document I am liable for any and all damages caused by any untruthful statements pursuant to California State Health and Safety Code Section 7110, and I acknowledge that it is a criminal offense to forge or knowingly file a false statement with a governmental agency under California State Penal Code Section 115 and 470.

Decedent: _____ MEC Case #: _____

Name of Funeral Home/Mortuary: **Reliable Cremations** Telephone: 510-482-7565

Address of Funeral Home/Mortuary: 1941 Jackson Street, Suite 6, Oakland, CA 94612

Your Name (person requesting release): _____

Your Relationship to Decedent: _____

Your Address: _____ Your Phone #: _____

Your Signature: _____ Date Signed: _____

RECEIPT OF REMAINS

CLOTHING: _____ **OTHER:** _____

SIGNATURE OF REMOVAL AGENT: _____

PRINTED NAME OF REMOVAL AGENT: _____

COMPANY/FIRM: _____

RELEASE COMPLETED BY: _____

DATE RELEASED: _____ **TIME RELEASED:** _____

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REQUEST FOR RELEASE OF DECEDENTS PERSONAL PROPERTY

I certify, pursuant to California Probate Code Section 330, that I am the decedent's surviving spouse, relative, conservator, or guardian of the estate. At the time I signed this form I did not know or have reason to know of any dispute over the right of possession of the property being released. I understand and acknowledge that although the property is being released to me pursuant to California Probate Code Section 330, this action does not determine ownership of the property or confer any greater rights in the property than I would otherwise have and does not preclude later proceedings for administration of the decedent's estate. If proceedings for administration of the decedent's estate are commenced, I agree to deliver the property to the personal representative on request by the personal representative. I also acknowledge that by accepting the property I am solely responsible for and liable to the estate for any loss or damage to the property caused by me. I acknowledge that it is a criminal offense to forge or knowingly file a false statement with a governmental agency under California State Penal Code Section 115 and 470.

I hereby authorize the Santa Clara County Medical Examiner-Coroner's Office to release the personal

property of _____ to **Reliable Cremations**
(Decedent's Full Name) *(Name of Funeral Home/Mortuary)*

MEC Case #: _____

Your Name (person authorizing release): _____

Your Address: _____ Your Phone #: _____

Your Signature: _____ Date Signed: _____

VERIFICATION OF IDENTITY

I certify that I have verified the identity of the above named person and that I have done so pursuant to California Probate Code Section 13104(d).

Verification Method: _____ (attach copy of ID card)

Person Verifying Identity: _____ Organization: _____

Address: _____ Phone: _____

Signature: _____ Date Signed: _____