

# County of Santa Clara

Medical Examiner-Coroner

850 Thornton Way  
San Jose, California 95128-4702  
(408) 793-1900 FAX 793-1934



Re: \_\_\_\_\_, Deceased – Coroner File # \_\_\_\_\_

### REQUEST FOR RELEASE OF REMAINS

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

\_\_\_\_\_  
Name of Funeral Director/ Mortuary

\_\_\_\_\_  
Mailing Address, City, State, Zip

\_\_\_\_\_  
Telephone Number

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 \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

### PERSONAL PROPERTY ADVISEMENT

The Medical Examiner-Coroner may be in possession of personal property belonging to that of the decedent. Disposition of personal property must be designated upon the release of remains; failure to do so may delay the release of remains and/or the filing of the death certificate. The Funeral Director/Mortuary may obtain this property for release. This requires the completion of SC MEC Form FR 01, or the next of kin may pick up the property at the Medical Examiner-Coroner's Office. Regardless, the Medical Examiner-Coroner will only maintain property for ninety days from the date of death. Property shall be disposed of after the ninety-day period.

I elect to have Funeral Director/Mortuary receive all personal property upon release of remains. I understand that I must also complete SC MEC Form PR01 in order for this to occur.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

### FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED TOE TAG # \_\_\_\_\_ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

\_\_\_\_\_  
PERSONAL PROPERTY CLOTHING MONEY  
INITIAL (Requires a signed SC MEC Form PR01) INITIAL INITIAL AMOUNT

REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PRINT NAME

RELEASED BY: \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
NAME/TITLE