



Sheriff-Coroner

JIM HART
SHERIFF-CORONER

County of Santa Cruz
5200 Soquel Avenue, Santa Cruz, CA 95062
(831) 454-7790 / (831) 454-7799 fax

To: County of Santa Cruz SHERIFF-CORONER

Decedent's Name: _____ Coroner's Case #: _____
(For Coroner's Use Only)

REQUEST FOR RELEASE OF REMAINS

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 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: _____ 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 the 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 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: _____

August, 5, 2021