



www.BayAreaMortuary.com

**Bay Area Mortuary Services**  
California Funeral Establishment FD 1829  
**Arrangements Office & Community Chapel**  
1701 Little Orchard Street  
San Jose, CA 95125  
Phone: 408-998-2202 Fax: 408-998-8631

**AUTHORIZATION FOR RELEASE OF  
HUMAN REMAINS AND PERSONAL PROPERTY**

**TO: \_\_\_\_\_ MONTEREY COUNTY CORONER \_\_\_\_\_**

Name of Facility (i.e., hospital, medical examiner/coroner, etc.)

**Pursuant to California Health & Safety Code, Division 7, Part 1, Chapter 2, Section 7053, this document is a demand for and authorization to release forthwith the Remains and Personal Property of:**

\_\_\_\_\_  
Full Name of Decedent

**to: BAY AREA MORTUARY SERVICES (FD-1829) 1701 Little Orchard Street, San Jose, CA 95125**

**acting as agents for: \_\_\_\_\_**

(Full Name of Claimant/Person Authorizing Release)

**whose signature below authorizes the release of the human remains specified above.**

*(Check all that apply)*

- I am the Decedent's (circle one) spouse, child, parent, nearest other relative, or other interested party if no family member(s) can be located.
- The Decedent named me to control the disposition of his/her body in a will or supplement documentation (attach a copy of that document).

**By signing below, you represent that:**

- You warrant and represent that you are the person or the appointed agent of the person who by law has the legal right to arrange and direct the disposition of the remains of the Decedent.
- You are not aware of any written instruction by the Decedent, or any contract for funeral services by the Decedent, that give control of the disposition of the Decedent's remains to any other person.
- You understand the provisions of the California Health and Safety Code Section 7100 regarding the right to control disposition and are in compliance.

\_\_\_\_\_  
Signature of Person Authorizing Release

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship of Authorizing Person to Decedent

\_\_\_\_\_  
Date