



SHERIFF-CORONER

COUNTY OF RIVERSIDE

CHAD BIANCO
SHERIFF-CORONER

CORONER BUREAU – WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570

PHONE: 951-443-2300

INVESTIGATIONS FAX: 951-443-2303

MORGUE FAX: 951-443-2322

CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201

PHONE: 760-863-8311

FAX: 760-863-7031

MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: _____, Deceased – Coroner File # 20 ____ - ____ - ____

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:

951 848-0075

MiraLago Funerals & Cremations FD 2406 9814 Magnolia Avenue, Riverside CA 92503

951 295-4830

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**).

PRINT NAME _____ SIGN _____

RELATIONSHIP _____ DATE SIGNED _____

ADDRESS _____ CITY / STATE _____

TELEPHONE NUMBER _____

PERSONAL PROPERTY ADVISEMENT

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

☐ I elect to pick up the personal property from the Sheriff-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.

PRINT NAME _____ SIGN _____

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

INITIAL

_____ CLOTHING

INITIAL

REPRESENTATIVE _____ SIGNATURE _____

PRINT NAME

RELEASED BY: _____ DATE/TIME _____

NAME / TITLE