



CORONER DIVISION

Robert T. Doyle, Sheriff-Coroner
Marin County Sheriff's Office
1600 Los Gamos Drive Suite 205, San Rafael, CA 94903
Phone: 415-473-6043 Fax: 415-473-6048

AUTHORIZATION FOR RELEASE OF REMAINS

DECEDENT NAME: _____ **CORONER CASE** _____

CORONER TO SIGN DEATH CERTIFICATE:

CONTROL OF REMAINS: Unless other directions have been given by the decedent, the right and duty to control the disposition of the remains of the decedent, the location and conditions of interment, and arrangements and payments for funeral goods and services, rests with the following persons in the order named:

1. An agent under a power of attorney for health care who has the right and duty of disposition under the Probate Code, Division 4.7 (commencing with 4600).
2. The competent surviving spouse.
3. The sole surviving competent adult child of the decedent, or if there is more than one, the majority of the surviving competent adult children.
4. The surviving competent parent or parents of the decedent.
5. The sole surviving competent adult sibling of the decedent, or if there is more than one, the majority of the surviving competent adult siblings.
6. The surviving competent adult person or persons respectively in the next degree of kinship, or if there is more than one, the majority of those persons.
7. The public administrator when the deceased has sufficient assets.

These and other relevant provisions are found in Health & Safety Code 7100. If you would like a complete copy of this code section, please let Coroner Division staff know.

FAILURE TO INTER REMAINS: Pursuant to Health & Safety 7104.1, if the person responsible for the interment of a decedent's remains does not do so within 30 days after the Coroner notifies or diligently attempts to notify such person, then the Coroner may inter the remains. The Coroner may recover any expenses of the interment from the responsible person.

NOTICE REGARDING RETENTION OF TISSUE/ORGAN/FLUIDS: If it is determined that a post-mortem examination, toxicology or microbiology analysis is required to determine or confirm the cause and manner of death pursuant to Government Code 27491, then tissues/organs/fluids from the body may be retained for analysis or evidentiary purposes pursuant to Government Code 27491.4. Disposition of such remains shall occur according to the requirements of Health & Safety Code 7054.4.

WARRANTIES OF PERSON(S) SIGNING AUTHORIZATION AND LIABILITY FOR COSTS: By signing this Authorization for Release of Remains, you are warranting the truthfulness of any fact set forth in this Authorization, the identity of the person whose remains are sought to be interred or cremated, and your authority to order interment or cremation (per Health & Safety 7110). You are also liable for all costs and fees related to the transportation, storage, and release of the remains, as allowed by law (e.g., Government Code 27472).

Please release the above-named Decedent's remains to the following service:

Bay Area Mortuary Services	1701 Little Orchard Street, San Jose, CA 95125	408-998-2202
Name of Mortuary/ Designee	Address, City, State, Zip	Phone
Print Name	Address, City, State, Zip	Phone
Signature	Relationship to Decedent	Date Signed

Identity of Signer Verified By: (Name / Title / Method of Identification) _____

Note: Where a majority of persons is required to authorize release per H&S Code 7100, each person must sign a release form.

Custody Transfer from Coroner Division Morgue Facility to Transportation / Removal Staff:

Print Name of Transportation Agent	Address, City, State, Zip	Phone
Signature of Transportation Agent	Company - Employer Name	Date Signed

Identity of Transportation Agent Personnel Verified By: (Name / Title / Method of Identification) _____

FOR CORONER USE ONLY

Fee Waived: ___ 14 and under ___ Criminal Act of Another <input type="checkbox"/> ___ Other (need supervisor approval)	_____ Authorized by / Title _____ Signature	_____ Date/Time
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