



SHERIFF-CORONER

COUNTY OF SANTA CRUZ

5200 Soquel Ave, Santa Cruz, CA 95062

(831) 454-7790 / (831) 454-7799 fax

JIM HART
SHERIFF-CORONER

REQUEST FOR RELEASE OF REMAINS

TO: County of Santa Cruz SHERIFF-CORONER

Coroner Case # _____ - _____

Re (Deceased): _____

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 hereby request that you release the remains in your custody to:

BAY AREA MORTUARY SERVICES

1701 Little Orchard St., San Jose, CA 95125

408-998-2202

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 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 personal 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: _____



SHERIFF-CORONER

COUNTY OF SANTA CRUZ

JIM HART
SHERIFF-CORONER

TO: SHERIFF-CORONER, County of Santa Cruz

Decedent's Name _____ Coroner Case #: _____

REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY

I certify that, pursuant to **Section 330, California Probate Code, State of California**, that I am the decedent's surviving spouse, relative, or conservator or guardian of the estate acting in the capacity at the time of death, and hereby request release of all personal property in your custody. I also certify that I am unaware of any dispute over my right to possession of the property.

Delivery of property pursuant to this section does not determine ownership of the property or confer any greater rights in the property than the recipient would otherwise have and does not preclude later proceedings for administration of the decedent's estate. If proceedings for administration of the decedent's estate are commenced, the person holding the property shall deliver it to the personal representative on request by the personal representative. Pursuant to **Section 330(f), California Probate Code, State of California**, a person that delivers property pursuant to this section is not liable for loss of damages to the property caused by the person to whom the property is delivered.

The person signing this request is liable for all damages caused by any untruthful statements contained in this document. It is also a criminal offense to forge or knowingly file a false statement with a government agency (**Penal Code Section 115/470**).

_____ I hereby request that the Santa Cruz County Sheriff-Coroner release all personal property in its custody to the following
Initial Funeral Director or Mortuary **BAY AREA MORTUARY SERVICES**. *I understand that the Santa Cruz County Sheriff-Coroner is not responsible for any lost or stolen property resulting from this release.*

Print Name _____ Signature _____

Address _____ City _____ State _____

Relationship _____ Telephone Number _____

VERIFICATION OF IDENTITY: I certify that I have verified the identity of the above named party, and that I have done so pursuant to **Section 13104(d)**, of the California Probate Code, State of California.

Verification of identity was made by:

_____ Identification card or driver's license issued by the Department of Motor Vehicles that is current or was issued during the
Initial preceding five years. NUMBER _____

_____ A passport issued by the Department of State of the United States that is current or was issued during the preceding five
Initial years. NUMBER _____

_____ A notary public's certificate of acknowledgment identifying the person executing the affidavit or declaration.
Initial

OR Another method authorized under Section 13104(d)(3) (please specify) _____

Person verifying identity: _____ Title _____ Date ____/____/____
Print Name

Witness _____ Signature _____
Print Name

Address _____ City _____ State _____