



# CORONER'S OFFICE COUNTY OF SONOMA

3336 Chanate Road, Santa Rosa, CA 95404  
Phone: 707-565-5070 Fax: 707-565-5049

Steve Freitas  
SHERIFF-CORONER

## AUTHORIZATION FOR RELEASE OF REMAINS

DECEDENT NAME: \_\_\_\_\_ CORONER CASE #: \_\_\_\_\_

**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 degrees 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's Unit staff know.


**FAILURE TO INTER REMAINS:** Pursuant to Health & Safety Code § 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 Government Code § 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). Upon reading this provision, please provide your initials: \_\_\_\_\_.

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

**Please release the decedent to the following service:**

|  |   |                     |
|--|---|---------------------|
| _____  | _____   | _____               |
| <b>Bay Area Mortuary Services</b>  | <b>1701 Little Orchard Street, San Jose, CA 95125</b> | <b>408-998-2202</b> |
| 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.**

### FOR CORONER USE ONLY

**Fees Waived:**

- 14 and Under
- Criminal Act of Another
- Indigent
- Other (need supervisor approval)

\_\_\_\_\_  
Authorized by / Title

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature



# CORONER'S OFFICE

## COUNTY OF SONOMA

Steve Freitas  
SHERIFF-CORONER

3336 Chanate Road, Santa Rosa, CA 95404  
Phone: 707-565-5070 Fax: 707-565-5049


### REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY

DECEDENT NAME: \_\_\_\_\_ CORONER CASE #: \_\_\_\_\_

**RELEASE OF PERSONAL PROPERTY OF THE DECEDENT:** The Coroner may deliver the tangible personal property of the decedent in the Coroner's possession to the decedent's surviving spouse, relative, or conservator or guardian of the estate acting in that capacity at the time of death. However, such property shall not be delivered if the Coroner knows or has reason to believe that there is a dispute over the right to possession of the property. Delivery of property by the Coroner 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. The Coroner is not liable for loss or damage to the property caused by the person to whom the property is delivered.

**NINETY-DAY RETRIEVAL PERIOD:** Any tangible personal property of the decedent must be retrieved from the Coroner within 90 days from the date of death. Thereafter, the property will be considered abandoned and disposed in accordance with applicable law.

**REQUEST FOR RELEASE OF PROPERTY AND WARRANTIES:** By signing below, you warrant that you are a surviving spouse, relative, or conservator or guardian of the estate acting in that capacity at the time of death. You further warrant that you are entitled to possess the property of the decedent in the Coroner's custody, and that there is no dispute over the right to possession of such property. You are requesting release of the decedent's property to you, or to someone you designate (such as a funeral director or mortuary), as follows:

|  |                           |             |
|--|---------------------------|-------------|
| _____  | _____                     | _____       |
| Requesting Party Name (Print)  | Address, City, State, Zip | Phone       |
|  | _____                     | _____       |
| Signature  | Relationship to Decedent  | Date Signed |

Release property to the following person or entity: Bay Area Mortuary Services

### FOR CORONER USE ONLY

**VERIFICATION OF IDENTITY OF PERSON REQUESTING RELEASE:** As required by Probate Code § 330, the person requesting release of the decedent's property has provided the following reasonable proof of status and identity (per Probate Code § 13104(d)):

- A California driver's license or Identification card, or a United States Passport that is current or was issued within the last five years.
- Any of the following documents if current or issued within the last 5 years and which contain a photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number: (a) a passport issued by a foreign government that has been stamped by the United States Bureau of Immigration and Customs Enforcement; (b) a driver's license or identification card issued by another State; or (c) an identification card issued by any branch of the United States military.
- A notary public's certificate of acknowledgment identifying the person executing this release form. (Attach copy)

\_\_\_\_\_  
List Type of ID, Issuing Entity, and Identifying Number

\_\_\_\_\_  
Verifying Coroner Unit Member Title Date/Time

**PROPERTY RELEASED TO:** \_\_\_\_\_  
Print Name Signature Date/Time