

SHERIFF-CORONER

COUNTY OF SANTA CRUZ

JIM HART SHERIFF-CORONER

CORONER UNIT

2400 Chanticleer Ave.
Santa Cruz, CA 95062
831-454-7790
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SCSO.CORONER@santacruzcounty.u

Fax 831-454-3553 SCSO.CORONER@santacruzcounty.us	i	
TO: SHERIFF-CORONER, County	of Santa Cruz	
Re:	, Deceased – Coroner Case #	_
I certify that, pursuant to Section 7100, Hea	REQUEST FOR RELEASE OF REMAINS alth and Safety Code, State of California, that it is my legal right to hereby request that you release the remains in your custody to:	control the disposition of
Best Cremation Care	21168 Redwood Rd. #130, Castro Valley, CA 95656 Mailing Address, City, State, Zip	415-767-5131
Name of Funeral Director/Mortuary	Mailing Address, City, State, Zip	Telephone Number
The person signing this request is liable for a Code Section 7110). It is also a criminal offer 115 and 470).	all damages caused by any untruthful statements contained in this doc ense to forge or knowingly file a false statement with a government ag	ument (Health and Safety gency (Penal Code Sections
SIGNED:	RELATIONSHIP:	
ADDRESS:	CITY / STATE:	<u> </u>
TELEPHONE NUMBER:	DATE SIGNED:	
P	PERSONAL PROPERTY ADVISEMENT	
after the sixty-day period. I elect to pick up the personal	property from the Sheriff-Coroner within the sixty-day per period will be disposed of. I will call to make an appoint	eriod. I understand that
Signed:		
By signing above you reque	st that property not be released to the mortuary representat	ive.
	FUNERAL DIRECTOR OR AGENT	
	AMINED AND INITIALED THE ANKLET TAG WHICH BE AMED DECEDENT AND HAVE RECEIVED THE REMAIN	
I HAVE ALSO RECEIVED THE FOLLOW	ING ITEMS:	
: PERSONAL PROPERTY	: CLOTHING	
REPRESENTATIVE: PRINT NAME	SIGNATURE:	
RELEASED BY: NAME/TITLE	DATE/TIME:	