

# County of Santa Clara

Office of the Medical Examiner-Coroner

850 Thornton Way  
San Jose, CA 95128  
(408) 793-1900



## REQUEST FOR RELEASE OF REMAINS

California State Health and Safety Code Section 7100 authorizes certain people to control the disposition of remains. By signing this document I acknowledge that I have the legal authority under Section 7100 to control the disposition of the listed decedent, and I am authorizing the Santa Clara County Medical Examiner-Coroner's Office to release the remains of the decedent listed below to the designated funeral director/mortuary staff. I understand that by signing this document I am liable for any and all damages caused by any untruthful statements pursuant to California State Health and Safety Code Section 7110, and I acknowledge that it is a criminal offense to forge or knowingly file a false statement with a governmental agency under California State Penal Code Section 115 and 470.

Decedent: \_\_\_\_\_ MEC Case #: \_\_\_\_\_

Name of Funeral Home/Mortuary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Funeral Home/Mortuary: \_\_\_\_\_

Your Name (person requesting release): \_\_\_\_\_

Your Relationship to Decedent: \_\_\_\_\_

Your Address: \_\_\_\_\_ Your Phone #: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## RECEIPT OF REMAINS

**CLOTHING:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**SIGNATURE OF REMOVAL AGENT:** \_\_\_\_\_

**PRINTED NAME OF REMOVAL AGENT:** \_\_\_\_\_

**COMPANY/FIRM:** \_\_\_\_\_

**RELEASE COMPLETED BY:** \_\_\_\_\_

**DATE RELEASED:** \_\_\_\_\_ **TIME RELEASED:** \_\_\_\_\_