

850 Thornton Way  
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## 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 home/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 7100, and I acknowledge that it is a criminal offense to forge or knowingly file a false statement with a government agency under Californian State Penal Code Section 115 and 470.

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

Funeral Home/Mortuary: Beddingfield Funeral Service Tel #: 408-777-8100

Address of Funeral Home/Mortuary: 4323 Moorpark Ave Ste C, San Jose, CA 95129

Name of Person Requesting Release: \_\_\_\_\_

Signature of Person Requesting Release: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Your Address: \_\_\_\_\_ Your Tel #: \_\_\_\_\_

### RECEIPT OF REMAINS

CLOTHING: \_\_\_\_\_ PROPERTY: \_\_\_\_\_ NAME CHECK: \_\_\_\_\_

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

PRINT NAME OF REMOVAL AGENT: \_\_\_\_\_

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

REMOVAL AGENT CONTACT #: \_\_\_\_\_

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

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