

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

This section to be filled out by staff

CLOTHING: _____ **OTHER:** _____

SIGNATURE OF REMOVAL AGENT: _____

PRINTED NAME OF REMOVAL AGENT: _____

COMPANY/FIRM: _____

RELEASE COMPLETED BY: _____

DATE RELEASED: _____ **TIME RELEASED:** _____