## SOLANO COUNTY SHERIFF-CORONER'S OFFICE Coroner's Office

## **RELEASE AUTHORIZATION**

TO: The SHERIFF-CORONER, County of S	olano	Coroner Case #
Name of Decedent First	Middle	Last (Family)
NOTE: PRINT or TYPE th	ne name of the decedent as it will appe	ar on the death certificate.
	NEXT OF KIN	
certify that, pursuant to Section 7100 of the disposition service. Therefore, upon complet body to the custody of:	California Health & Safety Code, it is m	
Name of Funeral Home ADirectCrematic		
	n.com FD2036	
Next of Kin SIGNATURE		
PRINT Full Name of Next of Kin		
Relationship to Decedent		Telephone: (Include area code)
Address	City	State/Zip
Responsible Party (If not next of kin) SIGNA	ATURE	,
PRINT Full Name of Responsible Party		
Relationship to Decedent		Telephone (include area code)
Address	City	State/Zip
Reason for handling if not next of kin: (Must	attach a notarized or properly witnesse	ed document that legally transfers authority)
	CODONEDIO FEE	
The fee for the fiscal year July 1, 2020 to J processing. A fee of \$1.00 per day for cold st completion of the investigation. These fees v authorized by Government Code Section 274 home.	orage is assessed for all days the deced vere adopted by the Solano County Bo	dent remains at the Coroner's Office followin pard of Supervisor per Ordinance 13.4-10, a
□ Next of Kin Initials	□ Date Fee Paid/Receiv	ved by
□ Total or Partial Fee Exemption (Rea		
□ Homicide	□ Age 14 and Under	
□ Transported to Coroner by Funera	l Home □ State Prisoner/Dispos	ition handled by CDC
□ Other (Requires prior Coroner's O	ffice Authorization):	
I certify that pursuant to California Probate C decedent. Therefore, upon completion of the custody of:	e death investigation, please release the	e decedent's personal property to the
Person/Agency to Obtain Property: (Must a	lacii a notanzed or properly witnessed	transier if not next of kin or funeral nome)
SIGNATURE	Rela	ationship to Decedent
Address	City	State/Zip