

**Contra Costa County
Office of the Sheriff-Coroner
Coroner's Division**

1960 Muir Road, 1st Floor
Martinez, CA 94553-4800
Phone: 925-313-2850
Fax: 925-313-2886

CR# _____

To: Contra Costa County Coroner's Office:

PLEASE DELIVER THE REMAINS, CLOTHING, AND PERSONAL PROPERTY OF:

*****DECEDENT'S FIRST NAME, MIDDLE NAME, LAST NAME, SUFFIX, JR., SR., II, ETC, IF ANY*****

**IT IS THE FUNERAL DIRECTOR'S RESPONSIBILITY TO ENSURE THAT THE DECEDENT'S
FULL LEGAL NAME IS TYPED OR PRINTED LEGIBLY AND SPELLED CORRECTLY.
THIS RELEASE MAY BE REJECTED IF NOT FULLY FILLED OUT**

BAY AREA MORTUARY SERVICES

(Type or Legibly print full name of Funeral Home or Director)

1701 Little Orchard Street, San Jose, CA 95125 408-998-2202

(FULL ADDRESS of Funeral Director including zip code and telephone number.)

WHO I HAVE DESIGNATED AS THE FUNERAL DIRECTOR OF MY CHOICE.



Signature of Next of Kin or other person
Authorized to make Funeral Arrangements

FULL NAME (Typed or Printed Legibly)

ADDRESS (NO P.O. BOXES)

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

DATE

RELATIONSHIP TO THE DECEASED