

# 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: Bay Area Mortuary Services Telephone: 408-998-2202

Address of Funeral Home/Mortuary: 1701 Little Orchard Street, San Jose, CA 95125

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: \_\_\_\_\_

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## REQUEST FOR RELEASE OF DECEDENTS PERSONAL PROPERTY

I certify, pursuant to California Probate Code Section 330, that I am the decedent's surviving spouse, relative, conservator, or guardian of the estate. At the time I signed this form I did not know or have reason to know of any dispute over the right of possession of the property being released. I understand and acknowledge that although the property is being released to me pursuant to California Probate Code Section 330, this action does not determine ownership of the property or confer any greater rights in the property than I would otherwise have and does not preclude later proceedings for administration of the decedent's estate. If proceedings for administration of the decedent's estate are commenced, I agree to deliver the property to the personal representative on request by the personal representative. I also acknowledge that by accepting the property I am solely responsible for and liable to the estate for any loss or damage to the property caused by me. 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.

I hereby authorize the Santa Clara County Medical Examiner-Coroner's Office to release the personal

property of \_\_\_\_\_ to **Bay Area Mortuary Services**  
*(Decedent's Full Name)* *(Name of Funeral Home/Mortuary)*

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

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

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

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

### VERIFICATION OF IDENTITY

I certify that I have verified the identity of the above named person and that I have done so pursuant to California Probate Code Section 13104(d).

Verification Method: \_\_\_\_\_ **(attach copy of ID card)**

Person Verifying Identity: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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