



Bay Area Mortuary Services  
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 San Jose, CA 95125  
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 Fx: 408-998-8631  
 www.BayAreaMortuary.com

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

**RELEASE AUTHORIZATION**

TO: The SHERIFF-CORONER, County of Solano

Coroner Case #

|                        |        |               |
|------------------------|--------|---------------|
| Name of Decedent First | Middle | Last (Family) |
|------------------------|--------|---------------|

NOTE: PRINT or TYPE the name of the decedent as it will appear on the death certificate.

**NEXT OF KIN**

I certify that, pursuant to Section 7100 of the California Health & Safety Code, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the named decedent, please release the body to the custody of:

|                                |                                |           |
|--------------------------------|--------------------------------|-----------|
| Name of Funeral Home           | Bay Area Mortuary Services     |           |
| Next of Kin SIGNATURE          | [Redacted 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) SIGNATURE | [Redacted Signature]          |           |
| 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 witnessed document that legally transfers authority)

**CORONER'S FEE**

The fee of \$363 is assessed to recover actual expenses of transport and processing. A fee of \$7 per day for cold storage is assessed for all days the decedent remains at the Coroner's Office following completion of the investigation. These fees were adopted by the Solano County Board of Supervisors on April 13, 2010, per Ordinance 13.4-10, as authorized by Government Code Section 27472 and 54985. Remittance is to be made upon release of the deceased to the funeral home. Attach a personal check from the family or from the funeral home in the form of cash advance to form.

Attach Check Here

- Next of Kin Initials \_\_\_\_\_  Date Fee Paid/Received by \_\_\_\_\_
- Total or Partial Fee Exemption (Reason):
  - Homicide       Age 14 and Under       Transported to Coroner by Funeral Home
  - State Prisoner/Disposition handled by CDC
  - Other (Requires prior Coroner's Office Authorization): \_\_\_\_\_

**PROPERTY RELEASE**

I certify that pursuant to California Probate Code Section 8461, it is my legal right to take custody of the personal property of the decedent. Therefore, upon completion of the investigation of the death, please release the decedent's personal property to the custody of:

|   |                          |           |
|---|--------------------------|-----------|
| Person/Agency to Obtain Property: (Must attach a notarized or properly witnessed transfer if not next of kin or funeral home) |                          |           |
| SIGNATURE   | Relationship to Decedent |           |
| Address   | City                     | State/Zip |