

**CONTRA COSTA COUNTY  
OFFICE OF THE SHERIFF-CORONER  
CORONER'S DIVISION**

1960 Muir Road, 1<sup>st</sup> Floor  
Martinez, California 94553-4800  
Voice: 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.***

TO: \_\_\_\_\_  
(TYPE OR LEGIBLY PRINT FULL NAME OF FUNERAL HOME OR DIRECTOR)

\_\_\_\_\_  
(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 PO BOXES)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO DECEASED