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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 home/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 7100, and I acknowledge that it is a criminal offence to forge or knowingly file a false statement with a government agency under Californian State Penal Code Section 115 and 470.

Decedent: _____ MEC Case #: _____

Funeral Home/Mortuary: _____ Tel #: _____

Address of Funeral Home/Mortuary: _____

Name of Person Requesting Release: _____

Signature of Person Requesting Release: _____

Relationship to Decedent: _____ Date Signed: _____

Your Address: _____ Your Tel #: _____

RECEIPT OF REMAINS

CLOTHING: _____ PROPERTY: _____ NAME CHECK: _____

SIGNATURE OF REMOVAL AGENT: _____

PRINT NAME OF REMOVAL AGENT: _____

COMPANY/FIRM: _____

REMOVAL AGENT CONTACT #: _____

RELEASE COMPLETED BY: _____

DATE RELEASED: _____ TIME RELEASED: _____