

## **SHERIFF-CORONER**

### **COUNTY OF SANTA CRUZ**

JIM HART SHERIFF-CORONER

5200 Soquel Ave, Santa Cruz, CA 95062 (831) 454-7790 / (831) 454-7799 fax

### REQUEST FOR RELEASE OF REMAINS

TO: County of Santa Cruz SHERIFF-CORONE	Coroner Case #	oroner Case #	
Re (Deceased):			
I certify that, pursuant to <b>Section 7100, Health</b> remains of the above named decedent. I hereby			control the disposition of the
Name of Funeral Director/Mortuary	Mailing Address, City	Mailing Address, City, State, Zip  Telepho	
The person signing this request is liable for all of Code Section 7110). It is also a criminal offense 115 and 470).			
SIGNED:	DATE:	RELATIONSHIP:	
ADDRESS:	CITY / STATE:	CITY / STATE:TELEPHONE:	
<u>P</u>	ERSONAL PROPERTY A	DVISEMENT	
The Sheriff-Coroner may be in possession of roperty for sixty days from date of death. Paptions:			
I elect to pick up the personal property up within the time period will be disposed of. I			stand that property not picked
Signed			
I hereby request that the Santa Cruz Codirector or mortuary. <i>I understand that the Santa from this release</i> . If electing this option, the Santa Cruz Codirector or mortuary. <i>I understand that the Santa from this release</i> .	nta Cruz County Sheriff-Coron	er is not responsible for any lo	ost or stolen property resulting
Signed			
	FUNERAL DIRECTOR OR A	AGENT	
I CERTIFY THAT I HAVE EXAMINED DECI	AND INITIALED THE ANKLI EDENT AND HAVE RECEIVE		NAME OF THE ABOVE
I HAVE ALSO RECEIVED THE FOLLOWIN	G ITEMS:		
: PERSONAL PROPERTY INITIAL	: CLOT INITIAL	HING	
REPRESENTATIVE:	SIGNA	ATURE:	
RELEASED BY:	DATE	ATE/TIME:	



Print Name

Address

# SHERIFF-CORONER

#### COUNTY OF SANTA CRUZ

JIM HART SHERIFF-CORONER

State

City

TO: SHERIFF-CORONER, County of Santa Cruz Decedent's Name\_\_\_\_\_ Coroner Case #:\_\_\_\_\_ REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY I certify that, pursuant to Section 330, California Probate Code, State of California, that I am the decedent's surviving spouse, relative, or conservator or guardian of the estate acting in the capacity at the time of death, and hereby request release of all personal property in your custody. I also certify that I am unaware of any dispute over my right to possession of the property. Delivery of property pursuant to this section does not determine ownership of the property or confer any greater rights in the property than the recipient 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, the person holding the property shall deliver it to the personal representative on request by the personal representative. Pursuant to Section 330(f), California Probate Code, State of California, a person that delivers property pursuant to this section is not liable for loss of damages to the property caused by the person to whom the property is delivered. The person signing this request is liable for all damages caused by any untruthful statements contained in this document. It is also a criminal offense to forge or knowingly file a false statement with a government agency (Penal Code Section 115/470). I hereby request that the Santa Cruz County Sheriff-Coroner release all personal property in its custody to the following . I understand that the Santa Cruz County Funeral Director or Mortuary Sheriff-Coroner is not responsible for any lost or stolen property resulting from this release. Print Name Signature City\_\_\_\_State \_\_\_\_ Address Relationship \_\_\_\_\_\_ Telephone Number \_\_\_\_\_ VERIFICATION OF IDENTITY: I certify that I have verified the identity of the above named party, and that I have done so pursuant to Section 13104(d), of the California Probate Code, State of California. Verification of identity was made by: Identification card or driver's license issued by the Department of Motor Vehicles that is current or was issued during the preceding five years. NUMBER Initial A passport issued by the Department of State of the United States that is current or was issued during the preceding five NUMBER Initial years. A notary public's certificate of acknowledgment identifying the person executing the affidavit or declaration. Initial OR Another method authorized under Section 13104(d)(3) (please specify) Person verifying identity:
Print Name Title Date / / Signature Witness