

County of Santa Clara

Medical Examiner-Coroner's Office

850 Thornton Way
San Jose, California 95128
(408) 793-1900



SCCMEC Form FR01

To: Medical Examiner-Coroner's Office, County of Santa Clara

Re: _____, Deceased – Coroner File # _____

REQUEST FOR RELEASE OF REMAINS

I certify that, pursuant to **Section 7100, Health and Safety Code, State of California**, that it is my legal right to control the disposition of the remains of the above named decedent. I hereby request that you release the remains in your custody to:

Name of Funeral Director/ Mortuary

Mailing Address, City, State, Zip

Telephone Number

The person signing this request is liable for all damages caused by any untruthful statements contained in this document (**Health and Safety Code Section 7110**). It is also a criminal offense to forge or knowingly file a false statement with a government agency (**Penal Code Sections 115 and 470**).

SIGNED _____ RELATIONSHIP _____

ADDRESS _____ CITY / STATE _____

TELEPHONE NUMBER _____ DATE SIGNED _____

PERSONAL PROPERTY ADVISEMENT

The Medical Examiner-Coroner may be in possession of personal property belonging to that of the decedent. Disposition of personal property must be designated upon the release of remains; failure to do so may delay the release of remains and/or the filing of the death certificate. The Funeral Director/Mortuary may obtain this property for release. This requires the completion of SCCMEC Form FR01, or the next of kin may pick up the property at the Medical Examiner-Coroner's Office. Regardless, the Medical Examiner-Coroner will only maintain property for ninety days from the date of death. Property shall be disposed of after the ninety-day period.

I elect to have Funeral Director/Mortuary receive all personal property upon release of remains. I understand that I must also complete SCCMEC Form PR01 in order for this to occur.

Signed: _____

I elect to pick up the personal property from the Medical Examiner-Coroner within the ninety-day period. I understand that property not picked up within the time period will be disposed of. Call to make an appointment for release.

Signed: _____

FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED TOE TAG # _____ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

PERSONAL PROPERTY CLOTHING MONEY _____
INITIAL (Requires a signed SCCMEC Form PR01) INITIAL INITIAL AMOUNT

REPRESENTATIVE _____ SIGNATURE _____
PRINT NAME

RELEASED BY: _____ DATE/TIME _____
NAME/TITLE