



# SHERIFF-CORONER

## COUNTY OF RIVERSIDE

**CHAD BIANCO**  
**SHERIFF-CORONER**

### CORONER BUREAU – WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570  
PHONE: 951-443-2300  
INVESTIGATIONS FAX: 951-443-2303  
MORGUE FAX: 951-443-2322

### CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201  
PHONE: 760-863-8311  
FAX: 760-863-7031  
MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: \_\_\_\_\_, Deceased – Coroner File # 20 \_\_\_\_ - \_\_\_\_\_

### **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**).

PRINT NAME \_\_\_\_\_ SIGN \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_

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

### **PERSONAL PROPERTY ADVISEMENT**

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

I elect to pick up the personal property from the Sheriff-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.

PRINT NAME \_\_\_\_\_ SIGN \_\_\_\_\_

### **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:

\_\_\_\_\_  
INITIAL                      PERSONAL PROPERTY                      INITIAL                      CLOTHING

REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PRINT NAME

RELEASED BY: \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
NAME / TITLE