



San Mateo County Coroner's Office

Robert J. Foucrault, Coroner
50 Tower Road
San Mateo, CA 94402
(650) 312-5562
(650) 571-6258 (fax)

AUTHORIZATION FOR THE RELEASE OF REMAINS IN CUSTODY OF THE CORONER

Decedent's Name: _____ Case #: _____

California Health and Safety §7100 explains the right to control disposition of remains, arrange final disposition and assume financial reads as follows:

§7100. Right to control disposition of remains of deceased person

- (a) The right to control the disposition of remains of a deceased person, the location and conditions of interment, and arrangements for funeral good and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.0, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:
- (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code.
 - (2) The competent surviving spouse (or state registered domestic partner).
 - (3) The sole surviving competent adult child of the decedent, or if there are more than one competent adult child of the decedent, the majority of the surviving competent children.
 - (4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.
 - (5) The surviving competent adult person or persons respectively in the next degrees of kindred. If there is more than one surviving competent adult person of the same degree of kindred, the majority of these persons.
 - (6) The public administrator when the deceased has sufficient assets.

§7110. Warranty and liability of signer of authorization for interment or cremation

"Any person signing any authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identify of the person whose remains are sought to be interred or cremated, and his or her authority to order interment or cremation. He or she is personally liable for all damage occasioned by or resulting from breach of such warranty."

NOTE: The person signing this Order for Release is liable for all damages caused by untruthful statements contained in this document (Health and Safety Code §7110). It is a criminal offense to knowingly file a false statement with a government agency (Penal Code §115 and §470).

Tissue / Organ / Body Fluid Retention Notice

If it is determined that an autopsy, external examination, toxicology or microbiology analysis is required to determine or confirm the cause and manner of death pursuant to California Government Code §27491, tissue(s)/organ(s)/body fluid(s) may be retained for analysis and/or evidentiary purposes pursuant to California Government Code §27491.4. Tissues/organs/body fluids retained at autopsy or any coroner investigative procedure will be disposed of pursuant to California Health and Safety Code §7054.4.

I/we declare, under penalty of perjury, that I/we have the right to control the disposition of the remains named at the top of this page in accordance with Health and Safety Code §7100 and have read the tissue/organ/body fluid retention notice:

Name: _____ Relationship: _____

Address: _____ City/Zip Code: _____

Signature: _____ Date: _____ Phone #: _____

____ Check if additional signatures are attached.

Identity verified by: _____ Mortuary: _____

Mortuary Address: _____ Phone Number: _____

For Official Use Only: The requirements of the State of California Health and Safety Code §7100, 7102 and 7100 have been met. The remains may be released upon receipt of this certificate.

Authorized by: _____ Date: _____ Case #: _____

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If more than one signature is required for the removal of the above referenced decedent, please have the additional family members complete the following and attach to the original release.

I/we declare, under penalty of perjury, that I/we have the right to control the disposition of the remains named at the top of this page in accordance with Health and Safety Code §7100 and have read the tissue/organ/body fluid retention notice:

Name: _____ Relationship: _____
Address: _____ City/Zip Code: _____
Signature: _____ Date: _____ Phone #: _____

I/we declare, under penalty of perjury, that I/we have the right to control the disposition of the remains named at the top of this page in accordance with Health and Safety Code §7100 and have read the tissue/organ/body fluid retention notice:

Name: _____ Relationship: _____
Address: _____ City/Zip Code: _____
Signature: _____ Date: _____ Phone #: _____

I/we declare, under penalty of perjury, that I/we have the right to control the disposition of the remains named at the top of this page in accordance with Health and Safety Code §7100 and have read the tissue/organ/body fluid retention notice:

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