



# CORONER'S OFFICE COUNTY OF SONOMA

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Steve Freitas  
SHERIFF-CORONER

## AUTHORIZATION FOR RELEASE OF REMAINS

DECEDENT NAME: \_\_\_\_\_ CORONER CASE #: \_\_\_\_\_

**CONTROL OF REMAINS:** Unless other directions have been given by the decedent, the right and duty to control the disposition of the remains of the decedent, the location and conditions of interment, and arrangements and payments for funeral goods and services, rests with the following persons in the order named:

1. An agent under a power of attorney for health care who has the right and duty of disposition under the Probate Code, Division 4.7 (commencing with § 4600).
2. The competent surviving spouse.
3. The sole surviving competent adult child of the decedent, or if there is more than one, the majority of the surviving competent adult children.
4. The surviving competent parent or parents of the decedent.
5. The sole surviving competent adult sibling of the decedent, or if there is more than one, the majority of the surviving competent adult siblings.
6. The surviving competent adult person or persons respectively in the next degrees of kinship, or if there is more than one, the majority of those persons.
7. The public administrator when the deceased has sufficient assets.

These and other relevant provisions are found in Health & Safety Code § 7100. If you would like a complete copy of this code section, please let Coroner's Unit staff know.

**FAILURE TO INTER REMAINS:** Pursuant to Health & Safety Code § 7104.1, if the person responsible for the interment of a decedent's remains does not do so within 30 days after the Coroner notifies or diligently attempts to notify such person, then the Coroner may inter the remains. The Coroner may recover any expenses of the interment from the responsible person.

**NOTICE REGARDING RETENTION OF TISSUE/ORGAN/FLUIDS:** If it is determined that a post-mortem examination, toxicology or microbiology analysis is required to determine or confirm the cause and manner of death pursuant to Government Code § 27491, then tissues/organs/fluids from the body may be retained for analysis or evidentiary purposes pursuant to Government Code § 27491.4. Disposition of such remains shall occur according to the requirements of Health & Safety Code § 7054.4.

**WARRANTIES OF PERSON(S) SIGNING AUTHORIZATION AND LIABILITY FOR COSTS:** By signing this Authorization for Release of Remains, you are warranting the truthfulness of any fact set forth in this Authorization, the identity of the person whose remains are sought to be interred or cremated, and your authority to order interment or cremation (per Government Code § 7110). You are also liable for all costs and fees related to the transportation, storage, and release of the remains, as allowed by law (e.g., Government Code § 27472). Upon reading this provision, please provide your initials: \_\_\_\_\_.

**Please release the above-named Decedent's remains to the following service:**

**Please release the decedent to the following service:**

_____	_____	_____
Name of Mortuary/Designee	Address, City, State, Zip	Phone
_____	_____	_____
Print Name	Address, City, State, Zip	Phone
_____	_____	_____
Signature	Relationship to Decedent	Date Signed

Identity of Signer Verified By: (Name / Title / Method of Identification)

**Note: Where a majority of persons is required to authorize release per H&S Code § 7100, each person must sign a release form.**

### FOR CORONER USE ONLY

**Fees Waived:**

- 14 and Under
- Criminal Act of Another
- Indigent
- Other (need supervisor approval)

\_\_\_\_\_  
Authorized by / Title

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature