



SHERIFF-CORONER

COUNTY OF RIVERSIDE

STANLEY SNIFF
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**).

SIGNED _____ RELATIONSHIP _____

ADDRESS _____ CITY / STATE _____

TELEPHONE NUMBER _____ DATE SIGNED _____

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.

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
INITIAL

CLOTHING
INITIAL

REPRESENTATIVE _____ SIGNATURE _____
PRINT NAME

RELEASED BY: _____ DATE/TIME _____
NAME / TITLE



SHERIFF-CORONER

COUNTY OF RIVERSIDE

STANLEY SNIFF
SHERIFF-CORONER

TO: SHERIFF-CORONER, County of Riverside

Decedent's Name _____ Coroner File #: _____

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 Riverside County Sheriff-Coroner release all personal property in its custody to the following
Initial Funeral Director or Mortuary _____. *I understand that the Riverside County Sheriff-Coroner is not responsible for any lost or stolen property resulting from this release.*

Print Name _____ Signature _____

Address _____ City _____ State _____

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
Initial preceding five years. NUMBER _____

_____ A passport issued by the Department of State of the United States that is current or was issued during the preceding five
Initial years. NUMBER _____

OR Any of the following documents if the document is current or was issued during the preceding five years and contains a photograph and description of the person named on it, is signed by the person, and bears a serial or other identification number:

_____ A Passport issued by a foreign government that has been stamped by the United States Immigration and Naturalization
Initial Service. NUMBER _____

_____ An identification card or driver's license issued by a state other than California.
Initial NUMBER _____

_____ A notary public's certificate of acknowledgment identifying the person executing the affidavit or declaration.
Initial NUMBER _____

Person verifying identity: _____ Title _____ Date ____/____/____
Print Name

Witness _____ Signature _____
Print Name

Address _____ City _____ State _____