



CORONER DIVISION

Robert T. Doyle, Sheriff-Coroner

Marin County Sheriff's Office

1600 Los Gamos Drive Suite #205, San Rafael, CA 94903

Phone: 415-473-6043 Fax: 415-473-6048

RELEASE OF AUTHORIZATION FOR DISPOSITION OF REMAINS and / or PROPERTY

I declare, under penalty of perjury, I have the legal right to control the disposition of the remains of, _____ in accordance with Health and Safety Code §7100.

Name _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

- I hereby release authority to: _____ to control the disposition of the abovementioned remains.
- I hereby release authority to: _____ to collect property items in the custody of the Coroner Division for the abovementioned subject.
- I hereby release authority to: _____ to enter a sealed premise secured by and in the custody of the Coroner Division for the abovementioned subject.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please attach a photocopy of a Government issued Identification Card as a reasonable proof of identity of the person signing this form. Proof of identity may be an identification card or driver's license issued by the Department of Motor Vehicles; a passport issued by the United States of America or other Country; or a notary public's certificate of acknowledgment identifying the person signing this form.

Signature: _____ Date: _____

Coroner Division use only:

Received on and reviewed by: _____ Case: # CR _____