

**CONTRA COSTA COUNTY
OFFICE OF THE SHERIFF-CORONER
CORONER'S DIVISION**

1960 Muir Road, 1st Floor
Martinez, California 94553-4800
Voice: 925-313-2850
Fax: 925-313-2886

CR# _____

TO: Contra Costa County Coroner's Office:

PLEASE DELIVER THE REMAINS, CLOTHING, AND PERSONAL PROPERTY OF:

***** (DECEDENT'S FIRST NAME / MIDDLE NAME / LAST NAME / SUFFIX, JR. SR. II, ETC, IF ANY) *****

***IT IS THE FUNERAL DIRECTOR'S RESPONSIBILITY TO ENSURE THAT THE DECEDENT'S
FULL LEGAL NAME IS TYPED OR PRINTED LEGIBLY AND SPELLED CORRECTLY.
THIS RELEASE MAY BE REJECTED IF NOT FULLY FILLED OUT.***

TO: _____
(TYPE OR LEGIBLY PRINT FULL NAME OF FUNERAL HOME OR DIRECTOR)

(FULL ADDRESS OF FUNERAL DIRECTOR INCLUDING ZIP CODE, AND TELEPHONE NUMBER)

WHO I HAVE DESIGNATED AS THE FUNERAL DIRECTOR OF MY CHOICE.

**SIGNATURE OF NEXT OF KIN OR OTHER PERSON
AUTHORIZED TO MAKE FUNERAL ARRANGEMENTS**

FULL NAME (TYPED OR PRINTED LEGIBLY)

ADDRESS (NO PO BOXES)

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

DATE

RELATIONSHIP TO DECEASED