



# SHERIFF-CORONER

## COUNTY OF RIVERSIDE

**BOB DOYLE**  
**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 # 200\_\_ - \_\_ \_ \_ \_ \_

### **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. Disposition of personal property must be designated upon the release of remains; failure to do so may delay the release of remains and/or the filing of the death certificate. The Funeral Director/Mortuary may obtain this property for release. This requires the completion of RCSC Form CR1007, or the next of kin may pick up the property at the respective Sheriff-Coroner Forensic Center. 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 have Funeral Director/Mortuary receive all personal property upon release of remains. I understand that I must also complete RCSC Form CR1007 in order for this to occur.

Signed: \_\_\_\_\_

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 (Requires a signed RCSC Form CR 1007)

\_\_\_\_\_ CLOTHING  
INITIAL

REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PRINT NAME

RELEASED BY: \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
NAME / TITLE