

**Ann Edwards**  
**County Executive**



**Eric Jones**  
**Deputy County Executive**  
**Public Safety and Justice**

**Rosa A. Vega, Coroner**  
**Department of Coroner**

**County of Sacramento**

**RELEASE OF CUSTODY CERTIFICATE**

In the matter of \_\_\_\_\_, deceased.

**HEALTH AND SAFETY CODE "CHAPTER 3" CUSTODY AND DUTY OF INTERMENT**

7100 Right to control the disposition of the remains and to arrange funeral; Relinquishment of right by person charged with murder or manslaughter of decedent;  
Liability for costs; Liability of funeral director or cemetery authority

- (a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:
  - (1) An agent under a power of attorney for health care governed by Division 4.7 (commencing with Section 4600) of the Probate Code.
  - (2) The competent surviving spouse or (registered domestic partner).
  - (3) The sole surviving competent adult child of the decedent, or if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children...
  - (4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.
  - (5) The surviving competent adult person or persons respectively in the next degrees of kindred. If there is more than one surviving competent adult person of the same degree of kindred, the majority of those persons...
  - (6) A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
  - (7) A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
  - (8) The Public Administrator when the deceased has sufficient assets.

7110 "Any person signing any authorization for the interment of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred, and his authority to order interment. He is personally liable for all damages occasioned by or resulting from breach of such warranty."

WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document (Health and Safety Code Section 7110). It is a criminal offense to knowingly file a false statement with a government agency (Penal Code Section 115 and 470).

**Tissue/Organ/Body Fluid Retention Notification**

If it is determined that an autopsy, external examination or toxicology analysis is required to determine or confirm the cause and manner of death pursuant to California Government Code Section 27491, tissue(s)/organ(s)/body fluid(s) may be retained for analysis and/or evidentiary purposes pursuant to California Government Code Section 27491.4. Tissues/organs/body fluids retained at autopsy or as part of any coroner investigative procedure will be Disposed of pursuant to California Health and Safety Code Section 7054.4.

I/WE DECLARE, UNDER PENALTY OF PERJURY, that I/we have the right to control the disposition of the remains of \_\_\_\_\_, SS# \_\_\_\_\_ in accordance with Health and Safety Code Section 7100:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check if additional signatures are attached.

I.D. Verified by: Signature: \_\_\_\_\_ Name of Mortuary: \_\_\_\_\_

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**(DEPARTMENT USE ONLY)**

The requirements of the State of California Health and Safety Code Sections 7100, 7102, and 7110 have been met. The remains may be released upon receipt of this certificate.

If more than one signature is required for the removal of the above referenced decedent, please have the additional family members complete the following and attach to the original release.

I/WE DECLARE, UNDER PENALTY OF PERJURY, that I/we have the right to control the disposition of the remains of \_\_\_\_\_, SS# \_\_\_\_\_ in accordance with Health and Safety Code Section 7100:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Zip: \_\_\_\_\_