

**Contra Costa County
Office of the Sheriff-Coroner
Coroner's Division**

1960 Muir Road, 1st Floor
Martinez, CA 94553-4800
Phone: 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 P.O. BOXES)

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

DATE

RELATIONSHIP TO DECEASED