

**Coroner**  
Rosa A. Vega



**County of Sacramento**

**Divisions**  
Administrations Services  
Investigations  
Morgue Operations  
Pathology

**RELEASE OF AUTHORIZATION  
FOR DISPOSITION OF REMAINS/PROPERTY**

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

Please check one: ☐ REMAINS ONLY    ☐ PROPERTY ONLY    ☐ BOTH

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

I hereby release authority to \_\_\_\_\_ to control the disposition of the above-mentioned  
remains/property.

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_