



328 Applestill Rd.  
El Centro, CA 92243

# SHERIFF-CORONER

## COUNTY OF IMPERIAL

*Raymond Loera*  
Sheriff-Coroner-Marshal



Ph: (442) 265-2105  
Fax: (442) 265 2058

To: Sheriff-Coroner, County of Imperial

RE: \_\_\_\_\_, Deceased

Coroner Case Number: \_\_\_\_\_

### REQUEST FOR RELEASE OF REMAINS AND/OR PERSONAL PROPERTY

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 and/or personal property in your custody to:

_____		_____
NAME OF MORTUARY / SERVICE PROVIDER		PHONE #
_____	_____	_____
ADDRESS	CITY	STATE
_____	_____	
ZIP	(Print) NAME OF FUNERAL DIRECTOR	

*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 knowingly file a false statement with a government agency (Penal Code Section 115 and 470).*

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

Coroner's Release Times: Monday – Friday 1300 – 1600 Hours