

Countywide Services Agency

Office of the Coroner

Gregory P. Wyatt, Coroner
Edward Smith, Asst. Coroner
Kim Burson, Asst. Coroner
Daniel P. Baker, ASO II



Steven C. Szalay, Interim County Executive
Bruce Wagstaff, Agency Administrator

County of Sacramento

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: _____

Name: _____ Relationship: _____
(Please Print)

Address: _____ City: _____ State: _____

Signature: _____ Date: _____ Tel: _____ Zip: _____

Name: _____ Relationship: _____
(Please Print)

Address: _____ City: _____ State: _____

Signature: _____ Date: _____ Tel: _____ Zip: _____

Name: _____ Relationship: _____
(Please Print)

Address: _____ City: _____ State: _____

Signature: _____ Date: _____ Tel: _____ Zip: _____