

**SOLANO COUNTY SHERIFF-CORONER'S OFFICE
Coroner's Office**

RELEASE AUTHORIZATION

TO: The SHERIFF-CORONER, County of Solano

Coroner Case # _____

Name of Decedent First	Middle	Last (Family)
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NOTE: PRINT or TYPE the name of the decedent as it will appear on the death certificate.

NEXT OF KIN

I certify that, pursuant to Section 7100 of the California Health & Safety Code, it is my legal right to select any funeral director or disposition service. Therefore, upon completion of your investigation of the death of the named decedent, please release the body to the custody of:

Name of Funeral Home		
Next of Kin SIGNATURE		
PRINT Full Name of Next of Kin		
Relationship to Decedent	Telephone: (Include area code)	
Address	City	State/Zip

Responsible Party (If not next of kin) SIGNATURE		
PRINT Full Name of Responsible Party		
Relationship to Decedent	Telephone (include area code)	
Address	City	State/Zip
Reason for handling if not next of kin: (Must attach a notarized or properly witnessed document that legally transfers authority)		

CORONER'S FEE

The fee for the fiscal year July 1, 2022 to June 30, 2023 of \$275.00 is assessed to recover actual expenses of transport and processing. A fee of \$7.00 per day for cold storage is assessed for all days the decedent remains at the Coroner's Office following completion of the investigation. These fees were adopted by the Solano County Board of Supervisor per Ordinance 13.4-10, as authorized by Government Code Section 27472 and 54985. Remittance is to be made upon release of the deceased to the funeral home.

- Next of Kin Initials _____
- Total or Partial Fee Exemption (Reason):
 - Homicide
 - Transported to Coroner by Funeral Home
 - Other (Requires prior Coroner's Office Authorization): _____
- Date Fee Paid/Received by _____
- Age 14 and Under
- State Prisoner/Disposition handled by CDC

PROPERTY RELEASE

I certify that pursuant to California Probate Code Section 8461, it is my legal right to take custody of the personal property of the decedent. Therefore, upon completion of the death investigation, please release the decedent's personal property to the custody of:

Person/Agency to Obtain Property: (Must attach a notarized or properly witnessed transfer if not next of kin or funeral home)		
SIGNATURE	Relationship to Decedent	
Address	City	State/Zip