



SHASTA COUNTY SHERIFF

Michael L. Johnson
SHERIFF-CORONER

Consent for Release of Remains

I hereby request the release of:

_____ (Name of Decedent)

to: _____ (Mortuary)

Signed _____

Printed _____

Relationship _____

Date _____

Case No. _____

*to be signed by the next of kin responsible for disposition of remains