



San Mateo County Coroner's Office

Robert J. Foucrault, Coroner
50 Tower Road San Mateo, CA 94402
(650) 312-5562 Fax: (650) 571-6258

COUNTY CREMATION DISPOSITION PACKET INSTRUCTIONS

The following are instructions for completing a request to the San Mateo County Coroner's Office for the disposition of unclaimed human remains.

This packet is to be completed in the following instances:

When requesting the San Mateo County Coroner's Office to take custody of human remains (including fetal remains of 20 weeks uterogestation or more) which are unclaimed pursuant to Health and Safety Code §7104.

This packet is *NOT* to be completed:

When the decedent is referred to the San Mateo County Coroner's Office for any of the reasons specified in Government Code §27491. These are cases where, by law, the Coroner takes custody of the remains and conducts a death investigation.

This packet contains:

- One copy of "County Cremation Disposition Packet Instructions:
- One copy of "County Cremation Disposition Packet Cover Letter" form
- One copy of "Decedent and Next of Kin Information" form
- One copy of "Financial Statement of Next of Kin" form

INSTRUCTIONS:

General Information: Before you may request the Coroner to take custody a decedent's remains, because the decedent is indigent or unclaimed, you must satisfy certain legal requirements. The instructions and forms in this packet are designed to help you satisfy those requirements and ensure that your request is handled properly and without necessary delay. Your cooperation in fully completing these forms and following the instructions attached to this packet will further ensure your request is processed promptly.

Relinquishment: By signing this document and requesting the Coroner to take custody of a decedent's remains, you are stating you are relinquishing all rights to possession of the decedent's cremains and personal property. The cremains will not be in a location where you can visit. Any and all personal property, including but not limited to real estate, financial accounts, insurance settlements become the possession of San Mateo County.

County Cremation Disposition Packet Cover Letter: This form serves as a cover letter when requesting the Coroner to accept indigent or unclaimed remains. It must be completed and attached to all other forms and documents on each request submitted to the Coroner.

Decedent and Next of Kin Information Form: This form asks you to provide information on the decedent, to list all known next of kin and to document your efforts to locate next of kin to take responsibility for the disposition of the remains. In order to satisfy your requirement to comply with California Health and Safety Code §7104, you must make a diligent search for next of kin and if they are located, make them aware that pursuant to California Health and Safety Code §7100, they not only have the right to control the disposition of the decedent, but they also have a duty and the liability to pay the costs of disposition.

The intended purpose of this diligent search, of course, is to hopefully locate the next of kin who will assume their proper legal responsibilities. If this is accomplished, there is no need for the Coroner to be involved.

You must document your efforts; however, to locate next of kin by making clear and detailed notes on this form. For example:

05/23/2014, 9:23 am- I telephoned the decedent's landlord, John Smith (650-555-1234). Smith said that the decedent lived alone for 9 years and never heard the decedent speak of any family or friends.

05/23/2014, 9:23 am-I contacted the decedent's landlord, John Smith (650-555-1234). Smith said that the decedent had a brother named Michael who lived in San Mateo and can be reached at (650-123-555).

05/23/2014, 9:38 am-I contacted the decedent's brother, Michael Jones, and he confirmed he is the decedent's only living relative. Michael also said that he is too poor to pay for his brother's funeral so I explained that he would need to come to the hospital to complete a simple financial statement form.

05/25/2014, 2:51 pm-Michael Jones completed the "Financial Statement of Next of Kin" form at my office.

California Health and Safety Code §7103 states, in part, that it is a crime for any person upon whom the duty of interment falls, to fail to perform that duty. It also states that anyone failing to perform the duty of interment is **liable** to pay the person performing the duty **three times the expenses** incurred for making the interment.

If you are unable to keep the decedent's remains while you are making your diligent search for next of kin, you may need to make arrangements with a mortuary to store the remains until your diligent search is done. If you choose to have the remains stored by a mortuary, the cost of the storage must be paid by your facility and it is **not to be paid from the decedent's trust account or other assets.**

Financial Statement of Next of Kin Form: This form is necessary *only* when the next of kin are located and claim that they are financially unable to pay the cost of disposition. If that happens, you should instruct them to come to your office and complete the “Financial Statement of Next of Kin” form. Although you can email the form to them, it is best to help them complete the form. If kin are too poor to pay for the cost of disposition, the law may exempt them from that legal responsibility if they can show proof that they cannot afford it.

When You Have Completed Your Diligent Search for Next of Kin:

If, after making a diligent search, you cannot locate any next of kin or after locating next of kin they are either unwilling or financially unable to act, you may request the Coroner of the county ***where the decedent resided at the time of death*** to take possession of the remains pursuant to Health and Safety Code §7104.

It is important to note that the law does not allow you to request the San Mateo County Coroner’s Office to take possession of unclaimed remains if the decedent is a resident of another county. In such cases, you must contact the Coroner in the county of residence.

DISPOSITION INSTRUCTIONS:

If you request the San Mateo County Coroner to take possession of unclaimed remains, the following steps must be taken before the decedent will be removed from your facility or from the mortuary you may have selected to provide you with temporary storage.

- 1) The original “**County Cremation Disposition Cover Letter**” must be completed and attached to all other documents submitted to the Coroner.
- 2) The original “**Information on Decedent and Next of Kin**” form must be fully completed and signed by the person who is accepting responsibility for the diligent search.
- 3) All original “**Financial Statement of Next of Kin**” forms must be appropriately completed and signed by each next of kin.
- 4) If the decedent is to be removed by the Coroner, you must provide the name of the certifying physician and the contact information where the physician works.
- 5) After making the request for removal to the Coroner, the entire packet must be faxed or delivered to the Coroner for review. If the Coroner approves the packet, then you will be advised of a removal date. In some instances, this may be done in one or two days. If the packet is not approved, you will be advised of what additional steps are necessary to make the case acceptable for removal.

If you have any questions regarding the completion of death certificates or burial permits, please contact the San Mateo County Vital Statistics Office at (650) 573-2371.

COUNTY CREMATION DISPOSITION PACKET COVER LETTER

To:
San Mateo County Coroner’s Office
County Cremations Division
50 Tower Road
San Mateo, CA 94402
(650) 312-5562 – (650) 571-6258 fax

From: _____

Phone: _____

The request is hereby made to the San Mateo County Coroner, pursuant to California Health and Safety Code §7104, to remove the body of:

Decedent’s Name: _____

Location of Remains: _____

Date of Death: _____ Time of Death: _____

The following forms or documents are included in this packet: *Check those that apply*

- The original “**Decedent and Next of Kin Information**” form
- All original “**Financial Statement of Next of Kin**” forms, appropriately completed and signed by each known next of kin
- A completed **Death Certificate** certified by a physician which as been filed with the Health Department and copies 1, 2, and 3 of the originally filed **Permit for Disposition** of Human Remains

I certify that I have made a diligent effort to locate the decedent’s next of kin, and if they were found, I made them aware of their responsibility for the proper disposition of their relative. I declared under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

Office Use Only

Deputy Coroner Reviewed

Date

Coroner Approved

Date

DECEDENT AND NEXT OF KIN INFORMATION

This form is intended to be completed by the person who is assuming responsibility for compliance with Health and Safety §7104.

Background of Decedent

Name (last, first, middle): _____

Known aliases: _____ Decedent's Race: _____

Date of Birth: _____ Time of Birth (if less than 24 hours): _____

Birth State/Foreign Country: _____

Date of Death: _____ Time of Death: _____ Date Admitted into Facility: _____

Place of Death: _____

Certifying Physician: _____ Phone Number: _____

Cause of Death: _____

Residence at Time of Death: _____ Years in County: _____

Was the decedent's prior residence outside of San Mateo County? Yes No

If so, which county? _____ Have you called this county for information? Yes No

Results of Inquiry: _____

Marital Status: Unknown Other: _____ Was the Decedent a Veteran? Yes No

Did the decedent die at a veteran's facility (hospital or care facility)? Yes No

Usual Occupation: _____ Years in Occupation: _____

Kind of Business/Industry: _____ Education (Highest level/degree): _____

Father's Name (last, first, middle): _____

Mother's Maiden Name (last, first, middle): _____

Father's Birth State/Foreign Country: _____

Mother's Birth State/Foreign Country: _____

Name of Conservator: _____ Phone #: _____

Decedent's Name: _____

Financial Status of Decedent

Name, address, and phone number of payee or representative payee receiving monthly income:

Monthly Income: \$ _____ Source: _____ Trust Balance: _____ Will: Yes No

Medicare #: _____ Medi-Cal#: _____ SSN: _____

Bank Name: _____ Branch: _____ Account #: _____

List of Personal Property at Facility: _____

List of Identified Next of Kin / Friends

Pursuant to H&S Code §7100, the right to control disposition of the remains of a deceased person, unless other directs have been given by the decedent, the duty of interment and the liability for the costs of interment devolves upon the following next of kin in the order listed: any spouse, child, parent, sibling, niece/nephew, grandparent and first cousin.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Each next of kin listed must complete the “Financial Statement of Next of Kin” form if they claim to be financially unable to pay the cost of disposition.

Decedent's Name: _____

Efforts Made to Identify and Contact Next of Kin *Check those completed*

- Interviewed person signing as responsible party for the decedent while at the facility
- Contacted county hospitals for information from old medical charts
- Reviewed decedent's records/ medical charts
- Registrar of Voters checked
- Interviewed friends/ visitors
- Interviewed Social Worker
- Checked with Social Services
- Phone books/ discs checked
- Checked with Public Guardian/ Conservator
- Notified the Public Administrator
- Checked with hospitals local to the decedent's residence- Info: _____
- If the decedent lived in a convalescent home for less than four months- where did they live prior?
- Other (See page 3 for documentation of additional efforts to identify and contact next of kin)

Additional Efforts to Identify and Contact Next of Kin / Friends

This section should be used to document your efforts to identify and contact next of kin. Each time you contact someone or attempt to contact someone, you should: 1) Note the date and time. 2) The name of the staff member who is making the contact. 3) Who you spoke with and the results of your contact or attempted contact. 4) Be certain to ask each of your contacts if they are aware of any relatives and, if so, obtain their name, relationship, address and phone number. 5) Always ask each of your contacts for information that may help you complete the death certificate. 6) If more space is needed, you may attach additional pages.

I certify that I have made a diligent effort to locate the decedent's next of kin, and if they were found, I made them aware of their responsibility for the property disposition of their relative. I declare under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

FINANCIAL STATEMENT OF NEXT OF KIN

Decedent: _____ Coroner's Case #: _____

Name (next of kin): _____ Relation: _____

Date of Birth: _____ Phone Numbers: _____

Address: _____

FINANCIAL STATEMENT OF NEXT OF KIN

I, _____ (name) certify the following to be a correct statement of my financial status at present and within the foreseeable future.

1) I am receiving assistance under one or more of the following programs: *Attach a copy of my most recent check or other form of proof of assistance*

- SSI and SSP (The Supplemental Security Income & State Supplemental Payments Program)
- AFDC (The Aid to Families with Dependent Children Program)
- Food Stamps (The Food Stamp Program)
- County Relief, General Relief (GF) or General Assistance (GA)
- TANF/CalWorks (Temporary Aid for Needy Families/ CAL Works)

2) Are you the beneficiary of any life insurance policy on the decedent? Yes No

- *If you checked box 1 above and answered "no" to question 2 above, then sign at the bottom of this page only and do not fill out the rest of the form.*
- *If you checked box 1 above and answered "yes" to question 2 above, then you must complete both pages of the **Financial Statement of Next of Kin** form.*

3) My gross monthly income is less than the amount shown on the chart immediately below.

Circle one involving the number in family and monthly income. You must include recent paychecks, pay stubs, or other proof of income. If you check this box you must complete **Financial Statement of Next of Kin** form pages 1 and 2.

Number in Family (circle)	1	2	3	4	5	6	7	8	Each Additional
Your gross monthly income	\$1128	\$1518	\$1907	\$2297	\$2686	\$3076	\$3466	\$3855	\$390

4) My income is not enough to pay for common necessities of life for me and the people in the family I support and also pay for the cost of interment. If you check this box, you must complete **Financial Statement of Next of Kin** form pages 1 and 2.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. As the next of kin of the decedent, I understand that the laws of the State of California hold me responsible for the duty of interment and the costs of interment of the decedent if I am financially able to afford it. I further understand that the San Mateo County Coroner's office will verify my financial status and if the Coroner determines that I can afford the cost of interment, but have failed to perform this duty in a reasonable period of time, then misdemeanor charges may be filed with the San Mateo County District Attorney and I may be further liable to pay the San Mateo County Coroner's Office three (3) times the County's cost for performing the interment.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

FINANCIAL STATEMENT OF NEXT OF KIN

Decedent: _____ Coroner's Case #: _____

Next of Kin: _____ Relationship: _____

5) My monthly income (average if it varies)		8) a) <input type="checkbox"/> I am not able to pay any interment costs	
a) My gross monthly pay is:	\$	b) <input type="checkbox"/> I am able to pay only this amount:	\$
b) My payroll deductions are:		9) I have direct, indirect or beneficial ownership interest in the following property:	
(1)	\$	a) Cash	\$
(2)	\$	b) Checking, Savings, Credit Union, Banks	
c) My monthly take-home pay is (a-b)	\$	(1)	\$
d) Other money I get each month:		(2)	\$
(1)	\$	c) Cars, other vehicles, boats (make and year)	
e) My total monthly income is:	\$	(1)	\$
6) My monthly expenses are:		(2)	\$
a) Rent, house payment, maintenance	\$	(3)	\$
b) Food and household products	\$	d) Other personal property (jewelry, furniture, etc)	
e) Clothing	\$	(1)	\$
f) Laundry and cleaning	\$	(2)	\$
g) Medical and dental payments	\$	(3)	\$
h) Insurance (life and health)	\$	Total Other Personal Property:	\$
i) School and child care	\$	10) Other facts which support this application are: (describe unusual medical needs, expenses from recent family emergencies, or other unusual expenses to help the Coroner and the judge understand your budget. If more space is needed, you may write on the back of this page.	
j) Utilities and telephone	\$		
k) Transportation and auto expenses	\$		
l) Installment payments			
(1)	\$		
(2)	\$		
(3)	\$		
m) Wage assignments and earning withholding orders	\$		
n) Other expenses (specify)			
(1)	\$		
(2)	\$		
o) Total Monthly Expenses (6a to 6l)	\$		
7) Monthly Income Less Expenses (5e minus 6m)	\$		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. As the next of kin of the decedent, I understand that the laws of the State of California hold me responsible for the duty of interment and the costs of interment of the decedent if I am financially able to afford it. I further understand that the San Mateo County Coroner's office will verify my financial status and if the Coroner determines that I can afford the cost of interment, but have failed to perform this duty in a reasonable period of time, then misdemeanor charges may be filed with the San Mateo County District Attorney and I may be further liable to pay the San Mateo County Coroner's Office three (3) times the County's cost for performing the interment.

Executed in _____ (location), on _____ (date)

 Print Name and Title Signature