SAN BERNARDINO COUNTY SHERIFF-CORONER

REFERRAL TO CORONER / PUBLIC ADMINISTRATOR

PLEASE NOTE:

ALL CONTACTS SHOULD INCLUDE THE FULL NAME OF THE PERSON CONTACTED, THEIR RELATIONSHIP TO THE DECEDENT, CURRENT ADDRESSES AND PHONE NUMBERS, AS WELL AS THE FULL NAME AND TITLE OF THE PERSON MAKING THE CONTACT

REFERRING AGENCY OR INDIVIDUAL

DATE	
PERSON MAKING REFERRAL	
REFERRING AGENCY	
TELEPHONE NUMBER	
ADDRESS	

DECEDENT INFORMATION

FIRST	MIDDLE	LAST	
AKA	SOC SEC NUMBER	SEX	AGE
DATE OF BIRTH	MILITARY (Y/N)	HOW WAS DECEDENT ID'D	
DATE OF DEATH	TIME OF DEATH	PLACE OF DEATH	
MARITAL STATUS: ☐ MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐ WIDOWED			
DECEDENT'S ADDRESS		CITY	
STATE / ZIP CODE	COUNTY	PHONE	
HOW WAS RESIDENCY ESTABLISHED		LENGTH AT ADDRESS	
RESIDENCE STATUS: ☐ OWNED ☐ RENTED ☐ CARE FACILITY ☐ OTHER			
NAME OF MOBILE HOME PARK / APARTMENT COMPLEX / CARE FACILITY			
MANAGER / LANDLORD NAME	CONTACT		

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LOCATION OF REMAINS

☐ HOSPITAL ☐ MORTUARY ☐ FACILITY ☐ CEMETERY ☐ SB COUNTY MORGUE ☐ OTHER		
NAME	ADDRESS	PHONE
SIGNED DC / EDRS WORKSHEET COMPLETED BY PMD?	☐ NO / ☐ YES (IF YES, ATTACH COPY)	

NEXT-OF-KIN / RIGHT TO CONTROL DISPOSITION OF REMAINS

LINE OF CONSANGUINITY - CALIFORNIA HEALTH & SAFETY 7100 (a)

☐ 7100 (a) (1) DURABLE POWER OF ATTORNEY (MUST ATTACH DOCUMENT)
☐ 7100 (a) (2) SPOUSE
☐ 7100 (a) (3) ADULT CHILD / CHILDREN
☐ 7100 (a) (4) PARENT(S)
☐ 7100 (a) (5) ADULT SIBLING(S)
☐ 7100 (a) (6) OTHER FAMILY MEMBER (DESCRIBE BELOW)
☐ 7100 (a) (7) CONSERVATOR

FIRST	LAST	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
PHONE	PHONE		
NOTIFIED OF DEATH ☐ YES ☐ NO	WAIVED RIGHT TO CONTROL DISPOSITION ☐ YES ☐ NO		
NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

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FIRST	LAST	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
PHONE		PHONE	
NOTIFIED OF DEATH □ YES □ NO		WAIVED RIGHT TO CONTROL DISPOSITION □ YES □ NO	
NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

FIRST	LAST	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
PHONE		PHONE	
NOTIFIED OF DEATH □ YES □ NO		WAIVED RIGHT TO CONTROL DISPOSITION □ YES □ NO	
NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

ADDITIONAL NOTES

REV 06/04/2021 TC

SAN BERNARDINO COUNTY SHERIFF-CORONER
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ADDITIONAL PERSONS / CONTACTS

FIRST	LAST	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
PHONE		PHONE	
NOTIFIED OF DEATH □ YES □ NO		WAIVED RIGHT TO CONTROL DISPOSITION □ YES □ NO	
NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

FIRST	LAST	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
PHONE		PHONE	
NOTIFIED OF DEATH □ YES □ NO		WAIVED RIGHT TO CONTROL DISPOSITION □ YES □ NO	
NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

ADDITIONAL NOTES

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MEDICAL

☐ HOSPITAL ☐ NURSING HOME ☐ BOARD AND CARE ☐ HOSPICE ☐ OTHER ______________________

FACILITY NAME	MEDICAL RECORD NUMBER		
DOCTOR	MAIN NUMBER	OTHER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

☐ HOSPITAL ☐ NURSING HOME ☐ BOARD AND CARE ☐ HOSPICE ☐ OTHER ______________________

FACILITY NAME	MEDICAL RECORD NUMBER		
DOCTOR	MAIN NUMBER	OTHER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

☐ HOSPITAL ☐ NURSING HOME ☐ BOARD AND CARE ☐ HOSPICE ☐ OTHER ______________________

FACILITY NAME	MEDICAL RECORD NUMBER		
DOCTOR	MAIN NUMBER	OTHER NUMBER	
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☐ HOSPITAL ☐ NURSING HOME ☐ BOARD AND CARE ☐ HOSPICE ☐ OTHER ______________________

FACILITY NAME	MEDICAL RECORD NUMBER		
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☐ HOSPITAL ☐ NURSING HOME ☐ BOARD AND CARE ☐ HOSPICE ☐ OTHER ______________________

FACILITY NAME	MEDICAL RECORD NUMBER		
DOCTOR	MAIN NUMBER	OTHER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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KNOWN ASSESTS

□ **BANK ACCT**	**BANK NAME**	**ACCT #**	**BALANCE**
□ **BANK ACCT**	BANK NAME	ACCT #	BALANCE
□ **TRUST ACCT**	FACILITY NAME	ACCT #	BALANCE
□ **OTHER ACCT**	INSTITUTION NAME	ACCT #	BALANCE

KNOWN PHYSICAL ASSESTS

□ **VEHICLE**	DESCRIBE VEHICLE and WHERE STORED
Contact Person:	
□ **VEHICLE**	DESCRIBE VEHICLE and WHERE STORED
Contact Person:	
□ **PERSONAL PROP**	DESCRIBE
Contact Person:	
□ **PERSONAL PROP**	DESCRIBE
Contact Person:	

ADDITIONAL INFO REGARDING PROPERTY

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NARRATIVE

USE THIS AREA FOR ANY ADDITIONAL NOTES OR DOCUMENTATION

YOU WOULD LIKE AN INVESTIGATOR TO BE AWARE OF

I CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE_____

PRINT NAME_____ DATE_____

REV 06/04/2021 TC