



**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: <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
DECEDENT'S ADDRESS			CITY
STATE	ZIP CODE	COUNTY	PHONE
HOW WAS RESIDENCY ESTABLISHED			LENGTH AT ADDRESS
RESIDENCE STATUS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> OTHER			
NAME OF MOBILE HOME PARK / APARTMENT COMPLEX / CARE FACILITY			
MANAGER / LANDLORD NAME		CONTACT	

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**LOCATION OF REMAINS**

<input type="checkbox"/> HOSPITAL <input type="checkbox"/> MORTUARY <input type="checkbox"/> FACILITY <input type="checkbox"/> CEMETERY <input type="checkbox"/> SB COUNTY MORGUE <input type="checkbox"/> OTHER		
NAME	ADDRESS	PHONE
SIGNED DC / EDRS WORKSHEET COMPLETED BY PMD?		<input type="checkbox"/> NO / <input type="checkbox"/> YES (IF YES, ATTACH COPY)

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

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

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

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

### ADDITIONAL NOTES


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**ADDITIONAL PERSONS / CONTACTS**

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

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NOTES (USE THIS SECTION FOR NOK STATEMENTS, ATTEMPTS TO CONTACT -INCLUDE DATES AND TIMES- FAILED CONTACTS, ETC):			

**ADDITIONAL NOTES**


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**MEDICAL**

<input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> BOARD AND CARE <input type="checkbox"/> HOSPICE <input type="checkbox"/> OTHER _____			
FACILITY NAME		MEDICAL RECORD NUMBER	
DOCTOR	MAIN NUMBER	OTHER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

<input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> BOARD AND CARE <input type="checkbox"/> HOSPICE <input type="checkbox"/> OTHER _____			
FACILITY NAME		MEDICAL RECORD NUMBER	
DOCTOR	MAIN NUMBER	OTHER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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

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**KNOWN ASSESTS**

<input type="checkbox"/> <b>BANK ACCT</b>	BANK NAME	ACCT #	BALANCE
<input type="checkbox"/> <b>BANK ACCT</b>	BANK NAME	ACCT #	BALANCE
<input type="checkbox"/> <b>TRUST ACCT</b>	FACILITY NAME	ACCT #	BALANCE
<input type="checkbox"/> <b>OTHER ACCT</b>	INSTITUTION NAME	ACCT #	BALANCE

**KNOWN PHYSICAL ASSESTS**

<input type="checkbox"/> <b>VEHICLE</b>	DESCRIBE VEHICLE and WHERE STORED
<b>Contact Person:</b>	
<input type="checkbox"/> <b>VEHICLE</b>	DESCRIBE VEHICLE and WHERE STORED
<b>Contact Person:</b>	
<input type="checkbox"/> <b>PERSONAL PROP</b>	DESCRIBE
<b>Contact Person:</b>	
<input type="checkbox"/> <b>PERSONAL PROP</b>	DESCRIBE
<b>Contact Person:</b>	

**ADDITIONAL INFO REGARDING PROPERTY**


