

**MEDICAL EXAMINER - CORONER  
COUNTY OF SANTA CLARA**



850 Thornton Way  
San Jose, CA 95128-4702  
(408) 793-1900 FAX (408) 793-6759

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Date: \_\_\_\_\_

To Whom It May Concern:

I am the legal next of kin for \_\_\_\_\_.

I would like to request that \_\_\_\_\_, who resides  
at \_\_\_\_\_, whose  
telephone number is \_\_\_\_\_, be allowed to handle the following:

- Property
- Cremation
- Burial

This letter must be accompanied by a copy of the legal next of kin's driver's license,  
identification card or passport.

Signature: \_\_\_\_\_

Driver's License/Identification #: \_\_\_\_\_

Witness: \_\_\_\_\_