FCME Case Number: _____

AUTHORIZATION TO RELEASE REMAINS

Fulton County: Medical Examiner
430 Pryor St., SW
Atlanta, Georgia 30312
Office: 404-613-4400
Fax: 404-612-1248
FCME.Forensics@fultoncountyga.gov

Decedent's Name:_____

Date of Death:_____ Date of Birth: _____

I/We do hereby authorize the Fulton County Medical Examiner to release the remains and property of the above named decedent to the funeral home designated below for preparation and/or disposition.

Name of Authorized Funeral Home:_____

Address:_____

Funeral Home Telephone Number:_____

Name of person (Next of Kin) authorizing release:_____

Relationship to Deceased:_____

Address:_____

Telephone Number(s):_____

Signature of person (Next of Kin) authorizing release:_____

Name of Funeral Home Representative:_____

Title of Funeral Home Representative:_____

Signature of Funeral Home Representative:_____

Date signed:_____

Note: Funeral home personnel who claim remains from FCME must provide all required information listed above. Please ensure that the original copy of this form is presented either by fax or as a hard physical document before the body can be released to the funeral home.