



AUTHORIZATION TO RELEASE REMAINS

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

Decedent's Name: _____

Date of Death: _____ Date of Birth: _____ SS#: _____

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 are to provide the information above before the body is released to the funeral home. Morgue attendants are responsible for making sure the information is obtained and that this completed form is attached to other morgue paperwork for computer entry updates and filing in the case folder.