

**OFFICE OF THE MEDICAL EXAMINER
GWINNETT COUNTY**

Carol A. Terry, M.D.
Chief Medical Examiner

320 Hurricane Shoals Road, NE
Lawrenceville, Georgia 30046-4404
Office: 678-442-3160
Fax: 678-442-3155

Authorization to Release Remains

Decedent's Name: _____

Date of Death: _____ Date of Birth: _____ Race/Sex: _____

I hereby authorize the Gwinnett County Medical Examiner's Office to release the remains and property of the above named decedent to the funeral home/cremation society/transport service designated below for preparation and/or proper disposition.

Funeral Home/Cremation Society: _____

Transport Service (if applicable): _____

City/State/Zip: _____ Telephone Number: _____

Decedent's marital status at time of death: _____

If married or separated, name of spouse: _____

If not married or separated, does the decedent have any adult (18 or above) living children): _____

If so, names and ages: _____

If not married and no adult children, are the decedent's parents still living: _____

If so, names of parents still living: _____

PRINTED name of next of kin authorizing release: _____

Relationship to decedent: _____

Address: _____

City/State/Zip: _____

Telephone Numbers: _____

CURRENT email address: _____

SIGNATURE of next of kin authorizing release: _____

Date Signed: _____

NOTE: Funeral Home/Cremation Society personnel **must obtain** the above information and a **signature from the legal next of kin**. The completed form should be faxed to 678-442-3155 with the understanding that our office will not release without this **completed** form.