



**COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER**

150 North Marietta Parkway
Marietta, Georgia 30060
(770) 528-2200 • fax: (770) 528-2207

Christopher Gullede, M.D., M.S.
Chief Medical Examiner

Cassie Boggs, M.D.
Deputy Chief Medical Examiner

Authorization to Release

Decedent's Full Name: _____
(Include any pertinent A.K.A)

Date of Birth: _____ **Date of Death:** _____

As the legal Next-of-kin, and/or Legal Designee, I authorize the Cobb County Medical Examiner's Office to release the remains for disposition and any property to the establishment listed below (Funeral Home, Crematory or Mortuary Service, etc.):

(City or Address / Telephone Number and Contact)

___ I am the sole legal next-of-kin.

___ I am the designated representative of equal kinships (i.e. both parents, children, siblings, etc.).

___ Other (Explain) _____

I will provide verification of my status if requested.

Name: _____ **Relationship:** _____
(Print)

(Sign) **Date:** _____

CCME Case Number: _____ **Investigator:** _____