

OFFICE OF THE MEDICAL EXAMINER

GWINNETT COUNTY

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

363 Swanson Drive
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Fax: 770-995-6746

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 designated below for preparation and/or proper disposition.

Funeral Home or Cremation Society: _____

Address: _____

C/S/Z: _____ 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 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: _____

Name of next of kin authorizing release: _____

Relationship to decedent: _____

Address: _____

C/S/Z: _____

Telephone Numbers: _____

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 must be left at the morgue when the remains are released from the morgue.