

# MEDICAL EXAMINER



## DEKALB COUNTY

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M.E. Case Number: \_\_\_\_\_

### NEXT OF KIN AUTHORIZATION

I am the authorized Legal Next-of-Kin to \_\_\_\_\_,  
(Name of Deceased)

and I am requesting that my Next-of-Kin be released to the following funeral home,

crematory, mortuary or the like \_\_\_\_\_.  
(Name of Funeral Home, Crematory, Mortuary, etc.)

\_\_\_\_\_  
Legal Next-of-Kin **PRINT**

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Legal Next-of-Kin **SIGNATURE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Examiner's Investigator **SIGNATURE**

**Please email completed form to: [GenLab@DeKalbcountyga.gov](mailto:GenLab@DeKalbcountyga.gov)**