

Fax back to: 404 508-3504

MEDICAL EXAMINER DEKALB COUNTY

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

Legal Next-of-Kin SIGNATURE

Date

Medical Examiner's Investigator SIGNATURE