

Authorization for Release of Body

FDX USE ONLY				Date	/
Body Identification:	Bag Seal #		Name on Bag_		Wrist Band
		DECEDENT INFORM	MATION		
NAME				DOB	
AUTHORIZED FUNERAL HOME/Transport Service					
FUNERAL HOME/Transport Service LOCATION and PHONE NUMBER					
My signature below indicates that I have authorized the above named funeral home to remove the above named decedent from the ForensicDx facility by request of the legal next of kin. I further release ForensicDx from any and all liability whatsoever regarding the release of the decedent to the authorized funeral home.					
CORONER (or Next of Kin)		SIGNATURE			PRINT
	e Personal Eff eive these ite	· · · · · · · · · · · · · · · · · · ·	n the decedent's of-kin of the dec	person. eased ar	I further assert that I am did hereby absolve and
Funeral Home/Transport Service					
Representative:	Çiqne	ature	Print:		
FDX Witness:	Signa	Date	/	/	Time