# Authorization for Release of Body

The undersigned hereby authorizes Union County Coroner Office to release the body of:

(Name of Deceased)

to the  Funeral Home and/or its agents to remove and prepare for disposition of the deceased person name above.

I do hereby indicate that our agency was contacted by an individual who is the nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for burial, cremation, or other disposition.

Permission has been authorized by:

Name of next-of-kin or other authorized individual Relationship

Phone number of authorizing persons

Name of Representative completing the form:

Signature of Representative completing this form:

Relationship To Decedent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Individual completing this form:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax this form to 937-645-4148