

SHELBY COUNTY CORONER

RECEIPT OF BODY



Seal # _____ Date _____ Time _____ Case No. _____

I hereby acknowledge receipt of the body of _____

Address _____

Delivered to: Morgue _____
(Printed Name/Title of Coroner or Representative)

_____ (Printed Name and Title of Person Receiving Body)
Funeral Home

TRANSFER OF DECEDENT MORGUE TO ALDFS

Seal# _____ Date _____ Time _____

I hereby acknowledge receipt of the body of _____

(Printed Name and Title of Person Transferring Body)

(Printed Name and Title of Person Receiving Body)

TRANSFER OF DECEDENT ALDFS TO MORGUE

Seal# _____ Date _____ Time _____

I hereby acknowledge receipt of the body of _____

(Printed Name and Title of Person Transferring Body)

(Printed Name and Title of Person Receiving Body)

TRANSFER OF DECEDENT TO FUNERAL HOME

Seal# _____ Date _____ Time _____

I hereby acknowledge receipt of the body of _____

Funeral Home

(Printed Name and Title of Person Receiving Body)