



2761 Sullins Street • Knoxville TN 37919
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DECEDENT RELEASE REQUEST

DECEASED: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

LEGALLY MARRIED: YES NO

IF NO, DOES THE DECEDENT HAVE ANY ADULT CHILDREN: YES NO

The undersigned here by requests that the Chief Medical Examiner, Regional Forensic Center, release the decedent and personal items to:

FUNERAL HOME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

SIGNATURE- FUNERAL HOME REPRESENTATIVE

NAME (Printed or Typed)

TRANSPORT SERVICE (IF APPLICABLE): _____

The undersigned represents that he/she is the legal next-of-kin of the deceased (or other person authorized by law to receive the remains) and has full authority to give permission for the release of the decedent in accordance with TCA 62-5-703 & 704.

SIGNATURE OR VERBAL AUTHORIZATION

DATE

NAME (Printed or Typed)

RELATIONSHIP

Prearrangement

Durable POA (POA will be needed for review)

Spouse

Adult Children

Parents

Siblings

Guardian/Personal Representative (Paperwork will be needed for review)

Other: _____

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