



2761 Sullins Street • Knoxville TN 37919 • 865.215.8030 • fax:865.215.8031

DECEDENT RELEASE REQUEST

DECEASED: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____
COUNTY OF DEATH: _____
MARITAL STATUS: _____

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: _____

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.

SIGNATURE **DATE**

NAME (Printed or Typed)

RELATIONSHIP TO THE DECEASED:

SIGNATURE- FUNERAL HOME REPRESENTATIVE **NAME** (Printed or Typed)

TRANSPORT SERVICE (IF APPLICABLE): _____

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