

REGIONAL FORENSIC SCIENCE CENTER

Coroner Division

1109 N Minneapolis, Wichita, KS 67214

(316) 660-4800

FAX (316) 383-4535

BODY RELEASE FORM

Decedent's Name: _____ **Case No.** _____

This is to certify that I, _____
(print)

representing _____
(print)

located at _____
(Street, City, State, Zip Code)

having been authorized by _____
(Print Name of Individual signing Family Authorization)

having the relationship of _____ **to the decedent, to**

remove and care for the body of the above captioned name, being released by the Sedgwick County Regional Forensic Science Center, for the purpose of funeral arrangements, embalming, shipping, cremation, burial or other final means of disposition.

Signed: _____ **Date:** _____

FAMILY AUTHORIZATION

This is to certify that I, _____
(print)

having the relationship of _____
(print)

hereby authorize _____
(Name of Mortuary)

to remove and care for the body of _____

from the Regional Forensic Science Center for the purpose of funeral arrangements, embalming, shipping, cremation, burial or other final means of disposition.

Signed: _____ **Date:** _____

Identification Band Confirmed: _____
(Month/Day/Year) (Time) (RFSC Initials) (Funeral Agent)

Released by: _____