



**COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER**

150 North Marietta Parkway
Marietta, Georgia 30060
(770) 528-2200 • fax: (770) 528-2207

Christopher Gulledge, M.D., M.S.
Chief Medical Examiner

Cassie Boggs, M.D.
Deputy Chief Medical Examiner

Authorization to Release

Decedent's Full Name: _____
(Include any pertinent A.K.A)

Date of Birth: _____ **Date of Death:** _____

As the legal Next-of-kin, and/or Legal Designee, I authorize the Cobb County Medical Examiner's Office to release the remains for disposition and any property to the establishment listed below (Funeral Home, Crematory or Mortuary Service, etc.):

DIVINE MORTUARY SERVICES

5620 HILLANDALE DRIVE LITHONIA, GA 30058 770-322-8000 REGINA McDONALD, FDIC
(City or Address / Telephone Number and Contact)

____ I am the sole legal next-of-kin.

____ I am the designated representative of equal kinships (i.e. both parents, children, siblings, etc.).

____ Other (Explain) _____

I will provide verification of my status if requested.

Name: _____
(Print)

Relationship: _____

(Sign)

Date: _____

CCME Case Number: _____

Investigator: _____