

Fax back to: 404 508-3504

# MEDICAL EXAMINER DEKALB COUNTY

M.E. Case Number: \_\_\_\_\_

## NEXT OF KIN AUTHORIZATION

I am the authorized Legal Next-of-Kin to \_\_\_\_\_  
(Name of Deceased)

and I am requesting that my Next-of-Kin be released to the following funeral home,

crematory, mortuary or the like DIVINE MORTUARY SERVICES, LITHONIA, GA 770-322-8000  
(Name of Funeral Home, Crematory, Mortuary, etc.)

\_\_\_\_\_  
Legal Next-of-Kin PRINT

\_\_\_\_\_  
Legal Next-of-Kin SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Examiner's Investigator SIGNATURE