Fulton County Medical Examiner

430 Pryor Street SW, Atlanta, Georgia 30312
Phone 404-613-4400

Attendant FAX: 404-302-8504

FCME Case # _____

Authorization To Release Remains

Decedent's Name: _____

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

I/We do hereby authorize the Fulton County Medical Examiner to release the remains and property of the above-named decedent to the funeral home designated below for preparation and/or disposition.

Name of Authorized Funeral Home: DIVINE MORTUARY SERVICES

Address: 5620 HILLANDALE DRIVE LITHONIA, GEORGIA 30058

Funeral Home Telephone Number: 770-322-8000

Name of Person (Next of Kin) Authorizing Release: _____

Relationship to the decedent: _____

Address: _____

Telephone Number(s): _____

Signature of Person (Next of Kin) Authorizing Release: _____

Name of Funeral Home Representative: _____

Title of Funeral Home Representative: _____

Signature of Funeral Home Representative: _____

Date Signed: _____

Note: Funeral Home personnel who claim remains from FCME are to provide the information above before the body is released to the funeral home. Morgue attendants are responsible for making sure the information is obtained and that this completed form is attached to other morgue paperwork for computer entry updates and filing in the case folder.