

# OFFICE OF THE MEDICAL EXAMINER

## GWINNETT COUNTY

**Carol A. Terry, M.D.**  
Chief Medical Examiner

363 Swanson Drive  
Suite A  
Lawrenceville, Georgia 30043  
Office: 770-995-5558  
Fax: 770-995-6746

### Authorization to Release Remains

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

I hereby authorize the Gwinnett County Medical Examiner's Office to release the remains and property of the above named decedent to the funeral home / cremation society designated below for preparation and/or proper disposition.

Funeral Home or Cremation Society: DIVINE MORTUARY SERVICES

Address: 5620 HILLANDALE DRIVE

C/S/Z: LITHONIA, GEORGIA 30058 Telephone Number: 770-322-8000

Decedent's marital status at time of death: \_\_\_\_\_

If married or separated, name of spouse: \_\_\_\_\_

If not married or separated, does the decedent have any adult living children: \_\_\_\_\_

If so, names and ages: \_\_\_\_\_

If not married and no adult children, are the decedent's parents still living: \_\_\_\_\_

If so, names of parents still living: \_\_\_\_\_

Name of next of kin authorizing release: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Signature of next of kin authorizing release: \_\_\_\_\_

Date signed: \_\_\_\_\_

Note: Funeral Home / Cremation Society personnel must obtain the above information and a signature from the legal next of kin. The completed form must be left at the morgue when the remains are released from the morgue.