



COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER

1497 County Services Pkwy SW
Marietta GA 30008
(770) 528-2200 ♦ Fax: (770) 528-2207

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

Stacey Desamours, M.D.
Deputy Chief Medical Examiner

Zuhha Ashraf, M.D.
Medical Examiner

Authorization to Release

Decedent's Full Name: _____

Date of Birth: _____ Date of Pronouncement: _____

I authorize the Cobb County Medical Examiner's Office to release the decedent and any property to:

Funeral Home/Crematory: _____

Address and/or Phone Number: _____

Legal next-of-kin is determined in the following order: 1st Spouse, 2nd Adult Children, 3rd Parents, 4th Siblings, 5th Other Relatives {Grandparents, Nieces/Nephews, Uncles/Aunts, Cousins}, 6th Any Other Person.

By signing this Authorization to Release form, I affirm that I am the closest next-of-kin to the decedent, unless otherwise specified below.

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

____ Two or more persons share equal kinship and are signing a release.

____ Other (Explain) _____

Signature(s): _____

Print Name(s): _____

Relationship(s): _____

Date Signed: _____

*Verification of next-of-kin status may be requested.

This completed form may be returned by scan or photo emailed to MEInvestigators@cobbcounty.org
OR faxed to 770-528-2207.