

FACILITY RELEASE FORM

DATE: _____

HOSPITAL/INSTITUTION: _____

LOCATION: _____

RE: _____

SS#: _____

DOB: _____

I, _____, _____ of _____,
(next of kin / guardian) (relationship) (name of deceased)

hereby give permission to release _____ body to:

Signature: _____

Address: _____

Telephone: _____