

Order for Release of Body

ORDER FOR RELEASE OF THE BODY OF (full name):

_____ Age: _____ Race: _____

Sex: _____ Date of Birth: _____ SSN: _____

Check the appropriate box:

- SPOUSE OR NEXT OF KIN** I certify that the above listed decedent information is true and accurate and, that in accordance with Alabama law it is my legal right to select any funeral director or disposition service. Therefore, upon the completion of your investigation of said deceased, please release the body of the above to the custody of:
- IF NOT NEXT OF KIN** I certify that the above listed decedent information is true and accurate and, that there is no next of kin found or available to give the order for release and I am a person with family ties or friendship to the deceased. Therefore, upon the completion of your investigation of said deceased, please release the body of the above deceased to the custody of:

Mortuary: _____ Phone Number: _____

Sign: _____ Date: _____

Print: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

FOR MORTUARY/FUNERAL HOME/CREMATORY:

I certify that I have received authorization by the above listed person to perform the removal of the body.

Director: _____ Sign: _____ Date: _____

Witness: _____ Sign: _____ Date: _____