



BODY RELEASE FORM

Decedent:	Date of Death:	
Person authorizing release:	Name:	
	Relationship to Decedent:	
	Address:	
Funeral Home Releasing to:	Name:	
	Address:	
	Phone Number:	
to release the above decedenthis decision and hereby relehis officials, and any other reobligations, and responsibilit I am responsible for all costs	t to this funeral home. I acknowledge the Marshall County Coroner representative of this office from any of the care and custody of the associated with the initial transformer of the funeral home and any of the funeral home.	above decedent. I acknowledge that
Authorizing person signature		Date

This form must be submitted prior to any body being released from custody of the Marshall County Coroner's Office. This form must be returned to the office via fax (256) 677-9388 or email to cnugent@marshallco.org. Once this form is processed, our office will reach out to the funeralhome to release the decedent, please allow up to 48 hours for the individual to be released. Should you have any questions please contact our office.