

# Order for Release



Jefferson County Coroner/Medical Examiner's Office  
1515 6<sup>th</sup> Avenue South, Suite 220  
Birmingham, Alabama 35233  
Office: (205) 930-3603  
Fax: (205) 930-3595

*For office use only.*

*M.E. case#:* \_\_\_\_\_

*Date/Time received:* \_\_\_\_\_

*Employee's name:* \_\_\_\_\_

To: Coroner/Medical Examiner's Office, Jefferson County, Alabama

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

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: \_\_\_\_\_

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: \_\_\_\_\_

**Complete all sections and submit to the coroner's office. Once the body has been approved for release the coroner's office will contact the mortuary and authorize removal.**