



# Disposition of Remains / Release of Body Permit

**Enter Facility Name**  
**Enter Facility Address**

The body of \_\_\_\_\_ has been approved for release to  
(Name of deceased client)

\_\_\_\_\_ by \_\_\_\_\_  
(Funeral Home) (Responsible Party)

Who was notified at \_\_\_\_\_  AM  PM on \_\_\_\_\_  
(Time) (Date)

Autopsy:  Yes  No  Pending

Registered Nurse Signature	Date	Time
Printed Name		<input type="checkbox"/> AM <input type="checkbox"/> PM
Funeral Home Signature	Date	Time
Printed Name		<input type="checkbox"/> AM <input type="checkbox"/> PM
Funeral Home Address		

All personal belongings have been transferred with the body:  Yes  No