|  |  |
| --- | --- |
| Text  Description automatically generated |  **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 SignaturePrinted Name | Date | Time[ ]  AM[ ]  PM |
| Funeral Home SignaturePrinted Name | Date | Time[ ]  AM[ ]  PM |
| Funeral Home Address |
| All personal belongings have been transferred with the body: [ ]  Yes [ ]  No |