

Order for Release



Jefferson County Coroner/Medical Examiner's Office
1515 6th 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: W. E. Lusin FH & Crematory Phone: (205) 900-8334

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.

Created: 01/1994

Revised: 10/21/2016