

MEDICAL EXAMINER



DEKALB COUNTY

M.E. Case Number: _____

NEXT OF KIN AUTHORIZATION

I am the authorized Legal Next-of-Kin to _____,
(Name of Deceased)

and I am requesting that my Next-of-Kin be released to the following funeral home,

crematory, mortuary or the like _____.
(Name of Funeral Home, Crematory, Mortuary, etc.)

Legal Next-of-Kin **PRINT**

Relationship to Deceased

Legal Next-of-Kin **SIGNATURE**

Date

Medical Examiner's Investigator **SIGNATURE**

Please email completed form to: GenLab@DeKalbcountyga.gov