

**OFFICE OF THE MEDICAL EXAMINER  
GWINNETT COUNTY**

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**Carol A. Terry, M.D.**  
Chief Medical Examiner

320 Hurricane Shoals Road, NE  
Lawrenceville, Georgia 30046-4404  
Office: 678-442-3160  
Fax: 678-442-3155

**Authorization to Release Remains**

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

I hereby authorize the Gwinnett County Medical Examiner's Office to release the remains and property of the above named decedent to the funeral home/cremation society/transport service designated below for preparation and/or proper disposition.

Funeral Home/Cremation Society: \_\_\_\_\_

Transport Service (if applicable): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Decedent's marital status at time of death: \_\_\_\_\_

If married or separated, name of spouse: \_\_\_\_\_

If not married or separated, does the decedent have any adult (18 or above) living children): \_\_\_\_\_

If so, names and ages: \_\_\_\_\_

If not married and no adult children, are the decedent's parents still living: \_\_\_\_\_

If so, names of parents still living: \_\_\_\_\_

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PRINTED name of next of kin authorizing release: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

CURRENT email address: \_\_\_\_\_

SIGNATURE of next of kin authorizing release: \_\_\_\_\_

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

NOTE: Funeral Home/Cremation Society personnel **must obtain** the above information and a **signature from the legal next of kin**. The completed form should be **faxed to 678-442-3155** with the understanding that our office will not release without this **completed** form.