

MEDICAL EXAMINER AND FORENSIC SERVICES

Authorization for Release of Remains

Fax form to: (269) 224-0262 or email form to: cremationpermits@med.wmich.edu

WMed North Morgue Location: 14485 Northland Drive Big Rapids, MI 49307

FOR RELEASE OF REMAINS: Call (844) 337-6001 EXT. 118

FOR ADMISSION OF REMAINS: Call (844) 337-6001 EXT. 118

Our agency was contacted and authorized to remove the remains of:

DECEDENT INFORMATION					
First Name	Middle Name	Last Name			
Date of Birth					

The individual or individuals providing this authorization are legally authorized and charged with the responsibility for burial, cremation, or other disposition of the decedent named above.

Permission to remove the remains for disposition was authorized to the funeral director by:

PERSON AUTHORIZING REMOVAL					
First Name	Middle Name		La	ast Name	
Relationship to Decedent					
		Alternate Phone			
FUNERAL HOME OR OTHER AGENCY REPRESENTATIVE					
Printed Name			Date		
Signature					
Name of Funeral Home or Agency (such as GOL)			Telephone Number		

Confirm receipt of the correct body by checking the tags on the secured transport pouch before leaving the facility. Decedents will not be released without this completed document. Please make arrangements in advance by contacting the on-call staff member at 844.337.6001 ext. 118.