



Removal Information

Mortuary served _____ Date _____

Decedent Name _____ Gender _____ Age _____

Date of Birth _____ Date of Death _____ Time of Death _____

Place of Removal _____ IP ER Conv Res Other

Address _____ Phone _____

Dr. signing death certificate _____ License No. _____

Address _____

Phone _____ Fax _____ email _____

Hospice _____ Hospice phone _____

Coroner case No _____ County _____

Next of Kin _____ Relationship _____

Address _____ Phone _____

Email _____

Jewelry/Property taken with case _____

The undersigned confirms that he/she has identified the Remains using all reasonable means. He/she also acknowledges that he/she witnessed the placement of an identification tag on said Human Remains by the individual making the removal. Further, the undersigned acknowledges the property listed above is correct and true. This form is to be signed by next of kin or facility personnel releasing Remains and by mortuary personnel.

Signed *X* _____ Printed *X* _____

Driver *X* _____ Printed *X* _____

Driver *X* _____ Printed *X* _____

Note: _____