

**LEHIGH COUNTY CORONER'S OFFICE & FORENSICS CENTER
AUTHORIZATION FOR RELEASE OF REMAINS**

This is to certify that I, _____, being a duly authorized
(Print name)
representative of the _____ Funeral Home, transport entity or
(Print name of agency)
party acting as such, have been authorized by the legal Next of Kin or Authorized person representing
the deceased _____ to remove the remains of said
(Print name of decedent)
Decedent from the custody of the Lehigh County Coroner. This authorization also includes removal of
personal property in the custody of the Coroner, if applicable.

Name of person giving authorization: _____

Relationship: _____ Date obtained: _____

Signature of Funeral Home Representative: _____

(Coroner's office use)

Case Number: _____ Date of release: _____ Time: _____

Released by: _____ Signature: _____

Released to: _____ Signature: _____

By signing the above, the releasing Coroner's Office Representative and Agent picking up the remains certify the identity of the decedent has been verified prior to release.

ITEMS PICKED UP (check appropriate items)

_____ Body (complete) _____ Clothing _____ Personal Property _____ Death Certificate

_____ Body (part, if checked list specific item released) _____

_____ Other (list specific item(s)) _____

Original to be kept with case file. Make copy for Agent picking up