|  |  |  |  |
| --- | --- | --- | --- |
| Text  Description automatically generated | **Disposition of Remains / Release of Body Permit**  **Enter Facility Name**  **Enter Facility Address** | | |
| The body of  has been approved for release to  (Name of deceased client)  by  (Funeral Home) (Responsible Party)  Who was notified at   AM  PM on  .  (Time) (Date)  Autopsy:  Yes  No  Pending | | | |
| Registered Nurse Signature  Printed Name | | Date | Time    AM  PM |
| Funeral Home Signature  Printed Name | | Date | Time    AM  PM |
| Funeral Home Address | | | |
| All personal belongings have been transferred with the body:  Yes  No | | | |