



OFFICE OF THE CHIEF MEDICAL EXAMINER
DECEDENT RELEASE FORM

Date _____

The undersigned hereby authorize New England Funeral & Cremation Center
(Funeral Home)

to remove the remains and personal effects of _____
(Name of Deceased)
from the OFFICE OF THE CHIEF MEDICAL EXAMINER.

Decedent's sex and race _____

Decedent's date of birth _____

Decedent's legal address _____

City/State _____ Zip _____

Decedent's social security number _____

Decedent's marital status _____

Next-of-Kin

Name _____
(Print) (Signature)

Address _____

City/State _____ Zip _____

Relationship to decedent _____

Telephone number _____