

# C & C MORTUARY RELEASE FORM

THIS FORM MUST BE COMPLETED PRIOR TO THE RELEASE OF ANY BODY

DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ COUNTY OF DEATH: \_\_\_\_\_

The undersigned hereby requests that C & C Mortuary (under contract with the Kentucky Coroner's Association) release the body and/or personal effects of the above-named deceased to: \_\_\_\_\_ (funeral home or other agency).

The undersigned represents that he/she is the next of kin of the deceased or other person authorized by law to receive the remains and has full authority to give permission for the release of the body.

Signature/Date: \_\_\_\_\_

Name/Relationship of Decedent \_\_\_\_\_

Person picking up decedent MUST be licensed within the State of Kentucky.

Fax: 859-342-4911

Phone: 859-342-4040