

# *DEKALB COUNTY*



## *MEDICAL EXAMINER*

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### **NEXT OF KIN AUTHORIZATION**

I am the authorized Legal Next-of-Kin to \_\_\_\_\_  
(Name of Deceased)

and I am requesting that my Next-of-Kin be released to the following funeral home,

crematory, mortuary, or the like \_\_\_\_\_  
(Name of Funeral Home, Crematory, Mortuary, etc.)

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Legal Next-of-Kin PRINT

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Relationship to Deceased

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Legal Next-of-Kin SIGNATURE

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Phone Number

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Date

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Medical Examiner's Investigator SIGNATURE

M.E. Case Number: \_\_\_\_\_

Please email completed form to: [GenLab@DeKalbcountyga.gov](mailto:GenLab@DeKalbcountyga.gov)