



## AUTHORIZATION TO RELEASE REMAINS

Fulton County: Medical Examiner  
 430 Pryor Street SW  
 Atlanta, Georgia 30312  
 Office: 404-613-4400  
 Fax: 404-612-1248  
 FCMEInformationRequest@fultoncountyga.gov

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

***I/We do hereby authorize the Fulton County Medical Examiner to release the remains and property of the above named decedent to the funeral home designated below for preparation and/or disposition.***

CARL M. WILLIAMS FUNERAL DIRECTORS, INC.

Name of Authorized Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ 492 LARKIN ST. SW, ATLANTA, GEORGIA 30313

Funeral Home Telephone Number: \_\_\_\_\_ 404-522-8454

Name of person (Next of Kin) authorizing release: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Signature of person (Next of Kin) authorizing release: \_\_\_\_\_

Name of Funeral Home Representative: \_\_\_\_\_

Title of Funeral Home Representative: \_\_\_\_\_

Signature of Funeral Home Representative: \_\_\_\_\_

Date signed: \_\_\_\_\_

Note: Funeral home personnel who claim remains from FCME are to provide the information above before the body is released to the funeral home. Morgue attendants are responsible for making sure the information is obtained and that this completed form is attached to other morgue paperwork for computer entry updates and filing in the case folder.