LEHIGH COUNTY CORONER’S OFFICE & FORENSICS CENTER
AUTHORIZATION FOR RELEASE OF REMAINS

This is to certify that I, ____________________________, being a duly authorized
representative of the ____________________________ Funeral Home, transport entity or
(Print name)
(Print name of agency)
party acting as such, have been authorized by the legal Next of Kin or Authorized person representing
the deceased ____________________________ to remove the remains of said
(Print name of decedent)
Decedent from the custody of the Lehigh County Coroner. This authorization also includes removal of
personal property in the custody of the Coroner, if applicable.

Name of person giving authorization: ____________________________________________

Relationship: ____________________________ Date obtained: ____________________________

Signature of Funeral Home Representative: ____________________________________________

(Coroner’s office use)

Case Number: ____________________________ Date of release: ____________________________ Time: ____________________________

Released by: ____________________________ Signature: ____________________________

Released to: ____________________________ Signature: ____________________________

By signing the above, the releasing Coroner’s Office Representative and Agent picking up the remains certify
the identity of the decedent has been verified prior to release.

ITEMS PICKED UP (check appropriate items)

_____ Body (complete)  _____ Clothing  _____ Personal Property  _____ Death Certificate

_____ Body (part, if checked list specific item released) ____________________________________________

_____ Other (list specific item(s)) ____________________________________________________________

Original to be kept with case file. Make copy for Agent picking up

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