DEKALB COUNTY



NEXT OF KIN AUTHORIZATION

I am the authorized Legal Next-of	f-Kin to
-	(Name of Deceased)
and I am requesting that my Next	t-of-Kin be released to the following funeral home,
crematory, mortuary, or the like	(Name of Funeral Home, Crematory, Mortuary, etc.)
Legal Next-of-Kin PRINT	Relationship to Deceased
Legal Next-of-Kin SIGNATUF	RE Phone Number
Date	
Medical Examiner's Investiga	tor SIGNATURE
M.E. Case Number:	

Please email completed form to: GenLab@DeKalbcountyga.gov