



# Authorization for Release of Remains

**Department of Pathology**  
1000 Oakland Drive  
Kalamazoo, MI 49008-8074  
Tel 269.337.6173  
Fax 844.337.6001

Fax form to: **844.337.6001**

Our agency was contacted and authorized to remove the remains of:

NAME OF DECEDENT		
First Name	Middle Name	Last Name

The individual or individuals providing this authorization are legally authorized or charged with the responsibility for burial, cremation, or other disposition of the decedent named above.

Permission to remove the remains for disposition was verbally authorized by:

PERSON AUTHORIZING REMOVAL		
First Name	Middle Name	Last Name
Relationship to Decedent		
Phone Number	Alternate Phone	
FUNERAL HOME REPRESENTATIVE		
Printed Name	Date	
Signature		
Name of Funeral Home	Telephone Number	

This completed form must be faxed to **844.337.6001** or be with the individual removing the body. Bodies will not be released without this completed document.