



AUTHORIZATION FOR RELEASE OF DECEASED HUMAN REMAINS

The undersigned hereby authorizes Sparrow to release the body of:

_____ to the _____ Funeral Home
Decedent's name Funeral home name

and/or its agents to remove and prepare for disposition the above-named deceased person.

I do hereby indicate that our agency was contacted by the individual of highest priority to arrange for final disposition in accordance with Michigan statute.

This permission was verbally authorized by:

_____ Relationship to deceased Phone number
Name of authorizing person

Name of funeral home representative completing this form: _____

Signature of funeral home representative completing this form: _____

Telephone number of funeral home representative completing this form: _____

Date: _____

Please fax this form to 517-372-5104 or bring the completed form to the morgue at the time of removal.

Department of Forensic Pathology
1215 East Michigan Avenue
Lansing, MI 48912
517-364-2561