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Authorization for Release of Remains

This form must be completed by the funeral home/mortuary agency handling the decedent's remains and must be presented to OCME staff in order to release the decedent.

DECEDENT INFORMATION:

DECEDENT NAME: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

NEXT-OF-KIN INFORMATION:

North Carolina General Statutes (130A-420) defines next-of kin in this order as: (1) The spouse; (2) An adult child; (3) Either parent; (4) An adult sibling; (5) A guardian of the person of the decedent at the time of the decedent's death; or (6) Any other person authorized or under obligation to dispose of the body

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

FUNERAL HOME INFORMATION:

Transportation services may pick up decedents from the Office of the Chief Medical Examiner between the hours of 8:00 am and 4:30 pm Monday – Saturday including most state holidays. Transporters may call 919-743-9010 during business hours to verify decedent pick up.

FUNERAL HOME: _____

CITY/STATE: _____

PHONE NUMBER: _____

TRANSPORTER (If different than the funeral home): East Carolina Mortuary Services

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

OFFICE OF THE CHIEF MEDICAL EXAMINER

LOCATION: 4312 District Drive, Raleigh, NC 27607

MAILING ADDRESS: 3025 Mail Service Center, Raleigh, NC 27699-3025

www.ocme.dhhs.nc.gov • TEL: 919-743-9000 • FAX: 919-743-9099

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