



1100 S. Van Dyke
Bad Axe, Michigan 48413
(989) 269-9521

PERMIT FOR REMOVAL OF BODY

DATE: _____

MCLAREN THUMB REGION is hereby given permission to deliver the body of:

Name of Patient: _____

To: _____ Undertaker)

Witness: _____

Time of Death: _____

Signed: _____

Relationship: _____

Address: _____

Phone: _____

Permission is hereby given to embalm body and prepare for burial.

Signed: _____

WHITE COPY (Original) – Undertaker

Relationship: _____

CANARY (Copy) – Medical Center

060.237.12-18