



FLINT

BODY RELEASE

Date and Time Pronounced: _____ a.m. / p.m.

The above indicated health care facility is authorized to release the body of _____
_____ to the _____

Funeral Home from _____
(City) (State)

Person giving authorization:

Signature of <input type="checkbox"/> Phone Permission	Relationship to patient
Address	Date _____ a.m. / p.m.
Phone	Signature of Witness
	Signature of Witness

Valuables given to family/significant other:

1. _____
2. _____
3. _____
4. _____

Received by _____	Date _____	Time _____	Relationship _____
Witness _____			

The body of _____ has been received with the following articles at the time of release:

1. Dentures - Upper _____ Lower _____
2. _____
3. _____
4. _____

HAZARDS OR PRECAUTIONS TO USE IN ADDITION TO STANDARD PRECAUTIONS:

- Droplet Contact Airborne

Signature of funeral home representative _____	Date _____	Time _____	Witness _____
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Physician responsible for signing death certificate _____	Notified _____	Date/Time/Initials _____
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- | | | |
|--|------------------------------|--|
| <input type="checkbox"/> E.R. Death with CPR | <input type="checkbox"/> DOA | <input type="checkbox"/> Inpatient |
| Medical Examiner's Case? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autopsy Performed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (See Autopsy Form) |



PT.
MR.#/RM.
DR.