



**COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER**

1497 County Services Pkwy SW
Marietta GA 30008
(770) 528-2200 ❖ Fax: (770) 528-2207

Christopher Gulledge, M.D., M.S.
Chief Medical Examiner

Abraham Philip, M.D.
Medical Examiner

Stacey Desamours, M.D.
Medical Examiner

Authorization to Release

Decedent's Full Name: _____

Date of Birth: _____ Date of Death: _____

I authorize the Cobb County Medical Examiner's Office to release the decedent and any property to:

Funeral Home/Crematory: _____

Address and/or Phone Number: _____

Legal next-of-kin is determined in the following order: 1st Spouse, 2nd Adult Children, 3rd Parents, 4th Siblings, 5th Other Relatives {Grandparents, Uncles/Aunts, Cousins}, 6th Any Other Person.

By signing this Authorization to Release form, I affirm that I am the closest next-of-kin to the decedent, unless otherwise specified below.

___ I am the sole legal next-of-kin.

___ Two or more persons share equal kinship and are signing a release.

___ I am the designated representative of the legal next-of-kin(s).

___ Other (Explain) _____

Signature(s): _____

Print Name(s): _____

Relationship(s): _____

Date Signed: _____

*Verification of next-of-kin status may be requested.