

REGIONAL FORENSIC SCIENCE CENTER

1109 N Minneapolis

Wichita, KS 67214

(316) 660-4800

BODY RELEASE FORM

Please complete and return via email to: bodyrelease@sedgwick.gov

Decedent's Name: _____ Case No. _____

This is to certify that I, _____

representing _____

located at _____

(Street, City, State, Zip)

have been authorized by _____

(Print name of individual signing Family Authorization)

having the relationship of _____ to the decedent, to

remove and care for the body of the above captioned name, being released by the Sedgwick County Regional Forensic Science Center, for the purpose of funeral arrangements, embalming, shipping, cremation, burial or other final means of disposition.

Signed: _____ Date: _____

FAMILY AUTHORIZATION

This is to certify that I, _____

(Print)

having the relationship of _____

(Print)

hereby authorize _____

(Name of Mortuary)

to remove and care for the body of _____

(Name of Decedent)

from the Regional Forensic Science Center for the purpose of funeral arrangements, embalming, shipping, cremation, burial or other final means of disposition.

Signed: _____ Date: _____

Release authorized by Coroner (unclaimed)