



# COUNTY OF ALLEGHENY

## OFFICE OF THE MEDICAL EXAMINER

1520 PENN AVENUE • PITTSBURGH, PENNSYLVANIA 15222

PHONE (412) 350-4800

EMAIL [webmaster.me@alleghenycounty.us](mailto:webmaster.me@alleghenycounty.us)

**KARL E. WILLIAMS, M.D., M.P.H.**

MEDICAL EXAMINER

**ABDULREZAK SHAKIR, M.D.**  
DEPUTY MEDICAL EXAMINER

**ROBERT HUSTON**  
DIRECTOR DIVISION OF LABORATORIES

### RELEASE OF HUMAN REMAINS AND EFFECTS TO THE INDICATED FUNERAL HOME

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**Funeral Director:**

In order for your Funeral Home/Cremation Service to have a body released to you, this form must be fully and properly completed and returned to the Office of the Medical Examiner. Once completed, you may fax this form to us at 412-350-4899, prior to having a livery service or your own driver and vehicle arrive to receive the remains. Failure to do so will result in a refusal to provide the remains.

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Date: \_\_\_\_\_

**NAME OF DECEASED:** \_\_\_\_\_

Name(s) of Next of Kin and/or Legal Representative (Print Clearly) and Relationship

ACOME Verification of Next of Kin (Initial and Date) \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Name of Funeral Director: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

Funeral Home Phone Number: \_\_\_\_\_

**The above indicated funeral home, including its designated agents, do hereby certify that it/we are authorized by the next-of-kin and/or the legal representative of the deceased to receive and transport the remains of the above named decedent.**

I, \_\_\_\_\_, hereby authorize that I am the representative of the Funeral Home listed above, chosen by the primary next of kin or individual given rights to make disposition, and accept the rights and responsibilities for his/her personal effects collected as a result of an investigation by the Allegheny County Office of the Medical Examiner **(This portion need only be filled out if there are personal effects)**

Signature of Funeral Director/Representative: \_\_\_\_\_

For ACOME Use Only: Case Number: \_\_\_\_\_