



REGIONAL FORENSIC SCIENCE CENTER

1109 N. Minneapolis St. Wichita, KS 67214 • Phone (316) 660-4800 • Fax (316) 383-4535

SEDGWICKCOUNTY.ORG

BODY RELEASE FORM

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

FAMILY AUTHORIZATION

(to be completed in **PRINT** by the funeral home)

This is to certify that I, (relative's name) _____

having the relationship of (relation) _____

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)

RELEASE AUTHORIZATION

(to be completed in **PRINT** by the livery driver upon pick-up)

Decedent's Name: _____ Case No. _____

This is to certify that I, (name of livery driver) _____

representing (name of mortuary) _____

located at _____
(Street, City, State, Zip)

have been authorized by (name of authorizing family member) _____

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: _____

Identification Band Confirmed:

Month/Day/Year

Time

RFSC Initials

Funeral Agent

Released by: _____