



**COBB COUNTY  
OFFICE OF THE MEDICAL EXAMINER**

150 North Marietta Parkway  
Marietta, Georgia 30060  
(770) 528-2200 • fax: (770) 528-2207

Christopher Gullede, M.D., M.S.  
*Chief Medical Examiner*

Cassie Boggs, M.D.  
*Deputy Chief Medical Examiner*

## Authorization to Release

**Decedent's Full Name:** \_\_\_\_\_  
*(Include any pertinent A.K.A)*

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

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As the legal Next-of-kin, and/or Legal Designee, I authorize the Cobb County Medical Examiner's Office to release the remains for disposition and any property to the establishment listed below (Funeral Home, Crematory or Mortuary Service, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
*(City or Address / Telephone Number and Contact)*

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\_\_\_ I am the sole legal next-of-kin.

\_\_\_ I am the designated representative of equal kinships (i.e. both parents, children, siblings, etc.).

\_\_\_ Other (Explain) \_\_\_\_\_

*I will provide verification of my status if requested.*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Sign)* **Date:** \_\_\_\_\_

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**CCME Case Number:** \_\_\_\_\_ **Investigator:** \_\_\_\_\_