



## AUTHORIZATION FOR RELEASE OF DECEASED HUMAN REMAINS

The undersigned hereby authorizes UMH-Sparrow to release the body of:

\_\_\_\_\_ to the \_\_\_\_\_ Funeral Home  
Decedent's name Funeral home name

and/or its agents to remove and prepare for disposition the above-named deceased person.

I do hereby indicate that our agency was contacted by the individual of highest priority to arrange for final disposition in accordance with Michigan statute.

This permission was verbally authorized by:

\_\_\_\_\_  
Name of authorizing person Relationship to deceased Phone number

Name of funeral home representative completing this form: \_\_\_\_\_

Signature of funeral home representative completing this form: \_\_\_\_\_

Telephone number of funeral home representative completing this form: \_\_\_\_\_

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

**Please fax this form to 517-372-5104 or bring the completed form to the morgue at the time of removal.**

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Department of Forensic Pathology  
1215 East Michigan Avenue  
Lansing, MI 48912  
517-364-2561