



Franklin County Forensic Science Center
Office of the Coroner

2090 Frank Road

Columbus, Ohio 43223

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<https://coroner.franklincountyohio.gov>



REQUEST TO RELEASE BODY

The Franklin County Coroner's Office will not release a decedent without receipt of the **ORIGINAL SIGNED RELEASE FORM** from the funeral home representative at the time of removal, unless a trade service is utilized.

DECEASED FULL NAME: _____

DATE OF DEATH: _____

The undersigned hereby requests that the Franklin County Coroner release the body of the above named deceased to

Funeral Home or Crematory: _____

Telephone Number: _____

The undersigned represents that he/she is the next of kin of the deceased or other person authorized by law to receive the remains and has full authority to give permission for the release of the body.

The following lists Next of Kin by highest priority:

- 1. The deceased person's surviving spouse;**
- 2. If there is no surviving spouse, an adult son or daughter of the deceased person;**
- 3. If there is no surviving spouse or child over eighteen years of age, either parent of the deceased person;**
- 4. If there is no surviving spouse, child over eighteen years of age, or parents, an adult brother or sister of the deceased person, whether of the whole or half blood.**

Next of Kin Signature:

Date:

Name (Printed or typed)

Relationship to the deceased

Trade Service (if applicable)