



321 Court Avenue • Sevierville, TN 37862
Phone: 865-774-3628 • Fax: 865-908-6449

DECEDENT RELEASE REQUEST

SCMEO DECEDENT PICK-UP TIMES ARE 10 AM TO 6 PM MON-FRI, WEEKEND ON APPOINTMENT ONLY. WHEN A DECEDENT IS READY TO BE RELEASED A SCMEO REPRESENTATIVE WILL CONTACT YOU.

DECEASED: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

LEGALLY MARRIED: ☐ YES ☐ NO

IF NO, DOES THE DECEDENT HAVE ANY ADULT CHILDREN: ☐ YES ☐ NO

The undersigned here by requests that the Chief Medical Examiner, SCMEO, release the decedent and personal items to:

FUNERAL HOME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

SIGNATURE- FUNERAL HOME REPRESENTATIVE

NAME (Printed or Typed)

TRANSPORT SERVICE (IF APPLICABLE): _____

The undersigned represents that he/she is the **legal 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 decedent in accordance with TCA 62-5-703 & 704.

NAME (Printed or Typed)

RELATIONSHIP

☐ Verbal
Authroizarion

NOK or Authorized Responsible Party Signature (If Verbal Authorization Please Print Staff Name with Verbal Authorization)

DATE

- ☐ Prearrangement ☐ Durable POA (POA will be needed for review)
☐ Spouse ☐ Adult Children ☐ Parents
☐ Siblings ☐ Guardian/Personal Representative (Paperwork will be needed for review)
☐ Other: _____

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