



State of New Jersey

DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF STATE MEDICAL EXAMINER

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Governor

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Lt. Governor

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Commissioner

ANDREW L. FALZON, MD
Chief State Medical Examiner

RELEASE OF REMAINS AND REMOVAL AUTHORIZATION FORM

Date of Removal:
Facility: North Central South
Seal#: Trailer#: Rack#: Row#:

DECEDENT INFORMATION:

Name: EDRS#:
Date of Birth: Sex: Race:
Place of Death:
Date of Death:

FUNERAL HOME INFORMATION:

Funeral Home Name:
Funeral Home Manager: NJ License No.:
Name of Funeral Home Representative:

The term "Authorizing Agent(s)" used throughout, refers to the individual or individuals retaining the right to control disposition as established by N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22. Authorizing Agent(s) may include an appointed funeral agent named in a decedent's will, an individual so appointed by a court of competent jurisdiction, and/or an individual meeting the criteria set forth by N.J.S.A. 45:27-22.

NEXT OF KIN ("NOK")/AUTHORIZING AGENT CONTACT INFORMATION:

Name: Relationship to the Deceased:
Facility/Agency Name (if applicable):
Telephone #: Address:
NOK/Authorizing Agent Signature: Date:

As the Next of Kin/Authorizing Agent noted above, I/we certify that the remains to be removed are those of the decedent named above, that I/we, have charge of the body, and as such possess full legal authority and power, according to the laws of the State of New Jersey to authorize the release of the remains from the above Storage Facility to the Funeral Home named above. In addition, I am/we are aware of no objection to this removal of remains and transfer of custody to the Funeral Home by any spouse, civil union, registered domestic partner, child, parent, sibling, or other person specified, whose right to control disposition supersedes mine/ours as established by N.J.S.A. 45:27-22. Further, by executing this authorization form as Next of Kin/Authorizing Agent(s), I/we certify that all representations and statements contained on this form are true and correct and that I/we have read and understand all of the provisions contained on this authorization form. If the NOK is unable to sign, the NOK may provide the funeral director with authority to sign on the NOK's behalf. In such cases, the funeral director's signature shall act as his/her attestation that he/she was given authority to sign this Release by the NOK.

INDEMNIFICATION

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless the Storage Facility, its officers, agents, and employees or the Funeral Home, its officers, agents, and employees of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with the representations being made by the Authorizing Agent in this authorization including any claims brought by any other person(s) claiming the right to control the disposition of the decedent, or any other action performed by the Storage Facility, its officers, agents, or employees or the Funeral Home, its officers, agents, or employees, pursuant to this authorization, excluding only acts of willful negligence.

The body of the named decedent has been released in accordance with this authorization.

Name of Funeral Director as Witness

Name of Storage Facility Representative

Signature of Funeral Director as Witness Date

Signature of Storage Facility Representative Date

*The Storage Facility Representative acting as a Witness cannot be the same individual signing as the Storage Facility Representative above.

*Name of Storage Facility Representative acting as Witness

Signature of Storage Facility Representative as Witness Date