

# Body Receipt

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Case Number: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age/Race/Sex \_\_\_\_\_

Location (Address or Facility Name): \_\_\_\_\_

Released By (Print): \_\_\_\_\_ Agency/Title \_\_\_\_\_

Released By Signature: \_\_\_\_\_

Received By (Print): \_\_\_\_\_ Agency/Title: \_\_\_\_\_

Received By Signature: \_\_\_\_\_

Body in zippered closed body bag,  Sealed with seal # \_\_\_\_\_ or  Initialed and taped

Notes/Personal Effects: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date/Time	Location or Person Receiving	Signature	Agency	Location

## Release of Body

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Released by (Printed name): \_\_\_\_\_ Agency/Title: \_\_\_\_\_

Released by Signature: \_\_\_\_\_

Received by (Printed Name): \_\_\_\_\_ Funeral Home: \_\_\_\_\_

Received by Signature: \_\_\_\_\_