



OFFICE OF THE CORONER

Greg L. Shore, D-ABMDI

Coroner

301 CAMSON ROAD
ANDERSON, SC 29622

BODY RELEASE AUTHORIZATION

I HEREBY AUTHORIZE THE ANDERSON COUNTY OFFICE OF THE CORONER TO
RELEASE THE BODY OF:

Decedent Name

Date of Birth

TO THE FOLLOWING FUNERAL HOME:

Funeral Home

Telephone

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.

I ATTEST, THAT I AM THE LEGAL NEXT OF KIN AUTHORIZED TO MAKE SUCH
AUTHORIZATION IN ACCORDANCE WITH ONE OF THE ABOVE LISTED PRIORITIES.

NAME (PRINT)

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

RELATIONSHIP

SIGNATURE

Coroner//Hospital/Funeral Home Representative (PRINT)

SIGNATURE

This form must be completed and returned to the Anderson County Office of the Coroner prior to the decedent being released to a funeral home. The completed form may be emailed, faxed, and/or given to the funeral home to send to the coroner's office.

Email: accoroner@andersoncountysc.org

fax: (864) 260-1019