

Montana Mental Health Nursing Care Center

Authorization for Removal of Deceased Resident

A. The undersigned employee hereby requests and authorizes the release of the body of _____ (name of deceased) to _____ (name of funeral home).

B. The following personal articles accompanied the deceased:
_____ Dentures _____ Glasses _____ Set of clothing _____ Rings
Other: _____

Time of Death: _____ Date of Death: _____

C. The following restrictions are to apply:
_____ Autopsy _____ Cremation _____ None _____ Other

D. If verbal authorization received:
Received from: _____
Relationship: _____
Date: _____ Time: _____
Received by: _____
(Employee Signature)

E. Mortician's Signature:

F. Employee Signature & Title:
_____ Date: _____