

**OFFICE OF THE \_\_\_\_\_ COUNTY MEDICAL EXAMINER**

**RELEASE TO EMBALM**

Name of Deceased:

Death Date:

Hour:

Birth Date:

Place of Death:

Home Address:

---

Name of Funeral Director:

Mailing Address:

Phone:

Other Information:

---

**This document, when properly signed, constitutes the release required by Wisconsin State Statute 979.01(4) and certifies that the body of the above named person may now be embalmed, buried or otherwise properly disposed of, in accordance with the wishes of the next of kin. Cremation will require further authorization.**

---

(Signature of Issuing Coroner/Deputy)

(Date)

**Note: This document does not override the wishes of the next of kin regarding the final disposition of the remains.**

**CASE Number:** \_\_\_\_\_