

TO: CORONER, JACKSON COUNTY, MURPHYSBORO, IL

Release the Remains of:

My (Relationship):

Case Number:

TO:

Local Funeral Director (NAME)

(If a the remains are to be shipped to a mortuary outside the County, the local mortuary, as well as the distant mortuary must be identified)

TO THEN BE RELEASED TO:

Distant Funeral Director (NAME)

SIGNED: (name) (X) _____

RELATIONSHIP:

Jackson County Coroner FAX number: 618-XXXXXXXXXXXX