



Lucas County Coroner Office
2595 Arlington Ave
Toledo, Ohio 43614
Phone (419) 213-3900 Fax (419) 213-3949
<https://www.co.lucas.oh.us/2527/Coroners-Office>

REQUEST TO RELEASE BODY

The Lucas County Coroner's Office will not release a decedent without receipt of the SIGNED RELEASE FORM from the funeral home representative at the time of removal.

DECEASED FULL NAME: _____

DATE OF DEATH: _____

The undersigned hereby requests that the Lucas County Coroner release the body of the above-named deceased to.

Funeral Home or Crematory: _____

Telephone Number: _____

The undersigned hereby requests that he/she is the next of kin of the deceased or other person authorized by law to receive the remains and has full authority to give permission for the release of the body.

The following lists of Kin by highest priory:

1. The deceased person's surviving spouse.
2. If there is no surviving spouse, and adult son or daughter of the deceased person.
3. If there is no surviving spouse, 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.

Next of Kin Signature: _____

Date: _____

Name (printed or typed)

Relationship to the decedent