Western Michigan University
Homer Stryker M.D.
SCHOOL OF MEDICINE

Medical Examiner and
Forensic Services

AUTHORIZATION FOR RELEASE OF REMAINS

MORGUE LOCATION	RELEASE OF REMAINS	ADMISSION OF REMAINS
300 Portage Street (between South & Lovell Streets) Kalamazoo, MI 49007 Bay 1 of shipping dock	7:00 AM – 4:00 PM 844-337-6001 EXT. 1 Holidays: Please call in advance	7:00 AM – 4:00 PM 844-337-6001 EXT. 1 After Hours: 269-716-0263

1. DECEDENT INFORMATION

First Name	Middle Name	Last Name
Date of Birth	Case Number	

2. AUTHORIZATION

Our agency was contacted and authorized to remove the remains of the decedent identified above. The individual(s) providing authorization assumes responsibility for the burial, cremation or other lawful disposition of the decedent. The individual listed below authorizes the funeral director or agency representative to take custody of the remains for final disposition.

First Name	Middle Name	Last Name
Relationship to Decedent	Phone Number(s)	

3. FUNERAL HOME/AGENCY REPRESENTATIVE

Printed Name	Date	Phone Number
Signature	Funeral Home or Agency (ex. GOL)	

4. RELEASE/RECEIPT CONFIRMATION

Prior to leaving the Office of the Medical Examiner, the receiving representative must verify that the remains being released are the correct decedent by checking identification tags on the secured transport pouch.

5. SUBMISSION AND AFTER-HOURS REQUIREMENTS

This completed and signed form must be faxed to 269-224-0262 or presented at the time of pick-up by the individual removing the remains. **Remains WILL NOT be released without a completed authorization form.** For after-hours pick-up, arrangements must be made in advance by contacting autopsy staff at 844-337-6001 EXT. 1

Updated 9.11.2026