

**Rhode Island Department of Health
Office of State Medical Examiners**



RELEASE AUTHORIZATION FORM

Part 1: Decedent Demographics (for Death Certificate)

1. Decedent's Name			
<i>First</i>		<i>Middle</i>	
2. Gender	3. Date of Death	6. Date of Birth	7. Birth Place
	<i>(MM/DD/YYYY)</i>	<i>(MM/DD/YYYY)</i>	<i>(City/State or Foreign Country)</i>
8. Ever in Armed Forces?		9a. Hispanic Origin	
<i>Name War</i>		<i>(Yes or No, If Yes, specify origin)</i>	
<i>(If Yes, specify which war)</i>			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
9b. Race		10. Social Security Number	
<i>(List all that apply)</i>		<i>(Decedent's)</i>	
11a. Usual Occupation		11b. Kind of Business or Industry	
<i>(Do NOT use retired)</i>			
12a. Marital Status		12b. Spouse/Domestic Partner	
<i>(Give maiden name, if applicable)</i>			
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partner			
13a. Residence Address		13b. City or Town of Residence, State, and ZIP Code	
<i>(House number and street name)</i>			
14. Mailing Address - If different from residence address		15. Education	
<i>(Number, Street name, City or Town, State and ZIP Code)</i>			
16. Father/Parent			
<i>First</i>		<i>Middle</i>	
17. Mother/Parent			
<i>First</i>		<i>Middle</i>	
18a. Informant		18b. Mailing Address	
<i>Full Name</i>		<i>(Number, Street name, City or Town, State, and ZIP Code)</i>	
20b. Funeral Home		20c.	
<i>Name</i>		<i>License Number</i>	
20d. Mailing Address			
<i>(Number, Street name, City or Town, State, and ZIP Code)</i>			

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RELEASE AUTHORIZATION FORM

Part 2. Decedent Release Authorization

I, _____ authorize the Rhode Island Office of State Medical
(Undersigned)
Examiners to release the body of _____ my, _____
(Name of Decedent) (Relationship to decedent)
along with their personal belongings to _____ at
(Name of Funeral Home)
_____ and/or its agents. I hereby certify that I am
(Address of Funeral Home, City/Town, State, ZIP Code)
legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Date

Home Address

City/Town, State, ZIP Code

Phone Number (Include area code)

WITNESS:

Signature

Date

A COPY OF THE SIGNED RELEASE AUTHORIZATION WILL SERVE AS A RECEIPT

****Decedents are only released Monday - Friday, 8:30 a.m. - 12:00 noon and 2:00 p.m. to 4:15 p.m.****