AUTOPSY CENTER OF CHICAGO

Ben Margolis, M.D. Director

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CHAIN OF CUSTODY TRANSPORT OF HUMAN REMAINS Page 1 of 2

Name of decedent:				
Birth date:				
Part 1. Hospital, coroner, next of kin.				
I, (print name) of institution or facility or, if death is at home write "legal next of kin") at			(name of	
institution or facility or, if death is at home write "	legal next of kin") at	.1 1		
(address) here decedent remains to the individual listed in Part 2	by represent that I am authorized to releas	se the abov	e-named	
decedent remains to the individual listed in Part 2	•			
			am/pm	
Signature	Date	Time	(circle one)	
	20		(011010 0110)	
Part 2. Funeral Director Transport.				
T	•	/1 '	1 \1 1	
I,(pr	I, (print name), confirm receipt of above named remains from the individual in Part 1 .		(license number) hereby	
confirm receipt of above named remains from the	individual in Part 1 .			
I further confirm that I have identified the remains	by the following means (initial):			
Too too Wrigt Dand	Other identifies on as with the semains			
Toe tag Wrist Band	Other identifier on or with the remains _	(specify)		
		(spec	ily)	
			am/pm	
Signature	 Date	Time	(circle one)	
Signature	Date	Time	(circle one)	
Part 3. Receiving Facility. I,				
(facility) hereby confirm receipt of above named re	emains from the individual in Part 2.			
I further confirm that I have identified the remains	by the following means (initial):			
m				
Toe tag Wrist Band	Other identifier on or with the decedent _			
(specify)			city)	
			om/mm	
Signature	Date	Time	am/pm (circle one)	
Digitataic	Date	1 11110	(chele one)	

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Name of decedent:			
Birth date:			
Part 4. Dr. Margolis			
I, Dr. Ben Margolis, confirm identification of	the above named remains by		
Too too Wrist Dand	Other identifies an enemial the decedent		
roe tag wrist Band	Other identifier on or with the decedent	(specify)	
		\ 1	
Signature	Date initial contact	Time	_ am/pm (circle one)
Signature	Date initial contact	Time	(circle one)
			_ am/pm
Signature	Date final contact	Time	(circle one)
Part 5. Funeral Director Transport			
-		41	
confirm receipt of above named remains from	_ (print name), the Receiving Facility in Part 3 .	_ (license	e number) hereby
committeespe of above numer remains from	The Receiving Lucinty in Lart 3.		
I further confirm that I have identified the ren	mains by the following means (initial):		
Toe tag Wrist Band	Other identifier on or with the decedent		
&			ecify)
			_ am/pm
Signature	Date	Time	(circle one)
Part 6. Receiving Funeral Home.			
I,	(print name), at	(name of funeral
home), hereby confirm receipt of above name	(print name), ated remains from the individual in Part 5.		
I further confirm that I have identified	d the remains by the following means (initial):		
Truther committee that I have identified	d the remains by the following means (initial).		
Toe tag Wrist Band	Other identifier on or with the decedent _		
		(sp	ecify)
			_ am/pm
Signature	Date	Time	(circle one)