

AUTOPSY CENTER OF CHICAGO

Ben Margolis, M.D.
Director

444 N. Michigan Ave. Suite
1200
Chicago, IL 60611
855-8-AUTOPSY
info@autopsychicago.com
www.autopsychicago.com

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 _____ (name of institution or facility or, if death is at home write "legal next of kin") at _____ (address) hereby represent that I am authorized to release the above-named decedent remains to the individual listed in **Part 2**.

Signature Date Time am/pm
(circle one)

Part 2. Funeral Director Transport.

I, _____ (print name), _____ (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):

___ Toe tag ___ Wrist Band ___ Other identifier on or with the remains _____
(specify)

Signature Date Time am/pm
(circle one)

Part 3. Receiving Facility. I, _____ (print name), at _____ (facility) hereby confirm receipt of above named remains from the individual in **Part 2**.

I further confirm that I have identified the remains by the following means (initial):

___ Toe tag ___ Wrist Band ___ Other identifier on or with the decedent _____
(specify)

Signature Date Time am/pm
(circle one)

