



Coroner Release Form

Please release the decedent named below into our care:

Decedent Name: _____

Date of Death: _____

Next of Kin: _____

Relationship: _____

Signature of Next of Kin: _____

Date: _____

*5155 Sylvania Avenue, Toledo, Ohio 43623 - (419) 841-2422 - Fax (419) 841-6556
501 Conant Street, Maumee, Ohio 43537 - (419) 893-7686 - Fax (419) 893-4365
216 Washington Street, Port Clinton, Ohio 43452 - (419) 732-3121 - Fax (419) 734-3199
501 West Street, Genoa, Ohio 43430 - (419) 855-4010 - Fax (419) 855-4804
165 East Water Street, Oak Harbor, Ohio 43449 - (419) 898-3011 - Fax (419) 898-5114*