

<b>MEDICAL RECORD</b>	<b>DISPOSITION OF BODY</b>
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**RECEIPT OF BODY AT MORGUE**

The body of \_\_\_\_\_ was received  
(Name)

at \_\_\_\_\_ A.M. on \_\_\_\_\_  
P.M. (Date)

\_\_\_\_\_  
 (Signature)

**CERTIFICATE OF REMOVAL**

The body of \_\_\_\_\_ was removed  
(Name)

by \_\_\_\_\_  
(Name and address of undertaker)

at \_\_\_\_\_ A.M. on \_\_\_\_\_  
P.M. (Date)

\_\_\_\_\_  
 (Signature of person releasing body to undertaker)

\_\_\_\_\_  
 (Signature of representative of undertaker)

**The following statement shall be completed only when specifically ordered.**

PHYSICIAN'S STATEMENT REGARDING CONDITION OF REMAINS AS RELEASED (Describe post-mortem, surface discolorations, abrasions, lesions, whether remains were embalmed, etc.)

THIS BODY CONTAINS A MEDICAL IMPLANT WHICH MAY INCLUDE A BATTERY OR POWER CELL    YES     NO

\_\_\_\_\_  
 (Signature of Physician)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
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 Medical Record