

Richard Ploch
LaSalle County Coroner



LaSalle County Forensic Center
520 W. Walnut Street
Oglesby, Illinois 61348
Phone 815-434-8268
Fax 815-434-8306

coroner@lasallecountyil.gov or rploch@lasallecountyil.gov

To Whom It May Concern,

The LaSalle County Coroner's Office will be providing you with a new form. This form will be titled, "REQUEST FOR RELEASE OF BODY TO FUNERAL HOME AND REMOVAL AUTHORIZATION REQUEST." There are several reasons this letter is coming to you. Since LaSalle County has to utilize an out of county morgue to perform autopsies and decedent storage; we need to make some changes. This form will help us with time management by minimizing the possible overtime charges as well as providing better record keeping.

Basic instructions are included at the top of the form. The expectations are the funeral home/transport service will complete their portion of the form and fax it to the Coroner's Office (815-434-8306). When requesting the pick-up date and time please keep in mind normal business hours for the morgues are Monday-Friday from 9:00 a.m. to 4:00 p.m. other than holidays. Since we are using another facility these times are subject to their staffing requirements.

Once the Coroner's Office receives our form and the Funeral Home's Authorization for Removal form, we will confirm and authorize the requested date and time. If there is a conflict with the date and time chosen, the office will contact you. After our office's portion of the form has been completed, the signed authorization form will be faxed back to you. This form will accompany the Funeral Director, who is picking up the decedent from the morgue. If delays occur and the requested date and time cannot be met, a new form will have to be submitted with new approved date and time.

After arriving at the morgue you will be expected to provide identification to the morgue attendant. Before leaving, the funeral director and morgue attendant should verify that all portions of the form are signed and completed. The morgue attendant will retain the form. Be sure all personal effects are collected and documented on the form.

We realize that there will be unforeseen circumstances that may arise. Please feel free to call the Coroner's Office at (815) 434-8268 if you have any questions or concerns. This form only pertains to the decedent pick-up from the morgue.

Regards,

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REQUEST FOR RELEASE OF BODY TO FUNERAL HOME & REMOVAL AUTHORIZATION REQUEST

1. Complete this form in its entirety, making certain that the **NAME OF DECEDENT** is spelled exactly as the family wished it to appear on the Death Certificate.
2. The LaSalle County Coroner's Office will telephone you when the body is ready to be released. The person(s) picking up the body on your behalf will need to show identification to the attendant before the body will be released from the morgue.
3. By submitting this form, the funeral director stipulates that he/she has been working with the decedent's legal next of kin or authorized representative regarding final arrangements. A signed copy of the Funeral Home's Authorization for Removal form must also be faxed to the Coroner's Office.
4. **EMAIL/FAX** this completed form, **AS SOON AS POSSIBLE**, to 815-434-8306.

TO BE COMPLETED BY FUNERAL HOME OR TRANSPORT AGENCY

REQUESTED DATE _____ TIME _____ OF PICK-UP FROM MORGUE

NAME OF DECEDENT _____

DATE OF DEATH _____ AGE _____ RACE _____ SEX _____

NAME OF NOK AUTHORIZING REMOVAL _____

RELATIONSHIP _____

FUNERAL HOME/TRANSPORT AGENCY _____ LICENSE # _____

ADDRESS _____

CITY/STATE _____ PHONE _____ FAX _____

EMAIL ADDRESS _____

STOP: Submit completed form to coroner@lasallecountylil.gov

TO BE COMPLETED BY LASALLE COUNTY CORONER'S OFFICE

PERSON AUTHORIZING RELEASE OF DECEDENT ON REQUESTED DATE AND TIME

PRINT _____ SIGNATURE _____

DATE _____ TIME _____ CASE # _____

FUNERAL HOME'S AUTHORIZATION FOR REMOVAL HAS BEEN RECEIVED YES NO

REASON IF NO _____

TO BE COMPLETED AT THE TIME OF REMOVAL

NAME OF PERSON(S) PICKING UP BODY _____

DATE _____ TIME _____ SIGNED _____

MORGUE STAFF SIGNATURE _____

DATE _____ TIME _____ SIGNED _____

PERSONAL EFFECTS COLLECTED AT THE MORGUE YES NO