



SENTARA®

Release of Body Document

Section I: Identifying Information - to be completed by funeral home/recipient or representative. (Please Print All Information)

First name of deceased: _____

Middle name of deceased: _____

Last name of deceased: _____

Date of Birth: _____

Location of body: (Where are you picking it up at?) _____

Date of death: _____

Person/Next of kin Authorizing Pickup: _____

Name of person who completed Section I: _____

Name of funeral home / organization: _____

Address of funeral home / organization: _____

Phone number: _____

NOTE: This form can be faxed in advance between the hours of 0700 and 1530 to SNGH Security at (757) 388-1207. After 1530 this form must be presented in person to Security **before** releasing a body. If the information on the form is incomplete the body will not be released.

Section II: Verification and Release of Remains

Both parties must verify the remains against the "Release of Body Document" provided by the recipient using either the toe tag or the identification bracelet for the first three identifiers. Use the bereavement paperwork for the fourth identifier. **If the identifiers do not match stop the process and contact the Control Center:**

- _____ Deceased patient's First, Middle/Middle Initial and Last name (Toe Tag)
- _____ Date of Birth (Toe Tag)
- _____ Date of Death (Toe Tag)
- _____ Person Authorizing Pickup/Next of kin (Bereavement Paperwork)

NOTE: The signatures of the Recipient or Representative and the Security Staff indicate agreement in the identification of the body.

First & Last Name of Recipient or Representative who verified remains: _____

Name of funeral home /organization: _____

Signature of Recipient who verified remains: _____

Name of Security Staff who verified remains: _____ Unit # _____

Signature of Security Staff who verified and released remains: _____

Date body released: _____

Time body released: _____

Questions? Contact Sentara Norfolk General Security Control Center at (757) 388-3510