


Title	Request to Release the Deceased From Our Care		
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Owner		Author	

Cellular Pathology - Mortuary

University Hospitals of Leicester 

Request to Release Deceased from our Care

The three points of identification recorded onto this form will be matched to the patient's details in the Mortuary Register and the Patients identity band at the point of release.

Full Name:

Date of Birth:

Home Address / Last place of Residence: