



Personal Effect Release Form

Name of Decedent _____

Date _____ Time _____

Location _____

Name of Person Completing Form (print) _____

Signature _____ *Date* _____

List all personal effects being released to family; be as specific as possible (e.g. yellow metal ring with clear stone)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of person receiving personal effects _____

Relationship to decedent _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Signature (of person receiving property) _____

Date _____

Witness (print) _____

Signature _____ Date _____