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BODY RELEASE/CHAIN OF CUSTODY

This agreement allows representatives for Anchor Forensic Pathology, LLC. to accept the decedent listed with chain of custody.

DATE

I hereby authorize, the transport for private autopsy of the body of:

NAME OF DECEASED: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CONTRACTED FUNERAL HOME FOR EXAM: Carpenter-Jenks Funeral Home located at 659 E Greenwich Ave, West Warwick, RI 02893 (401-826-1600). Body to be transported from (specify location) _____ by your private funeral home's livery service.

Name and contact information of livery company _____

I AM THE LEGAL NEXT OF KIN AND AUTHORIZED TO MAKE SUCH AUTHORIZATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

RELATIONSHIP TO DECEASED: _____

SIGNATURE _____