



**PIMA COUNTY**

OFFICE OF THE MEDICAL EXAMINER

2825 E. District Street • Tucson, Arizona 85714 • 520-724-8600 • Fax: 520-724-8610

**AUTHORITY TO RELEASE REMAINS**

**CASE#** \_\_\_\_\_

**DATE** \_\_\_\_\_

I, the undersigned, do hereby authorize the Pima County Medical Examiner's Office to release the remains of \_\_\_\_\_ to  
CARRILLO'S TUCSON MORTUARY, INC. Funeral Home/Mortuary  
upon the completion of the medical examination.

\_\_\_\_\_  
Signature of next of kin or funeral home representative on behalf of the next of kin

\_\_\_\_\_  
Print the name of next of kin and relation to deceased who is authorizing release

\_\_\_\_\_  
Telephone number for next of kin authorizing release

Please provide the following information (if available):

Date of birth of deceased \_\_\_\_\_ Age of deceased \_\_\_\_\_ Date of death \_\_\_\_\_

Social security number of deceased \_\_\_\_\_ Place of death \_\_\_\_\_

**Please Circle One:    BURIAL    CREMATION    SHIP-OUT**



\_\_\_\_\_  
Gregory L. Hess, M.D. Chief Medical Examiner