



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

