



PINAL COUNTY MEDICAL EXAMINER'S OFFICE

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John X. Hu, MD, Ph.D.

Chief Medical Examiner

Andrea L. Wiens, DO

Medical Examiner

AUTHORITY TO RELEASE REMAINS

Pinal ME Case # _____

Date _____

I, the undersigned, affirm that I am the legal next-of-kin and do hereby authorize the Pinal County Medical Examiner's Office to release the remains of _____ upon the completion of the care of the Pinal County Medical Examiner's Office. I, the undersigned, have the authority to arrange for the disposition.

Next of Kin Information:

Legal Next-of-Kin (Print)

Legal Next-of-Kin (Signature)

Relationship to decedent

Phone Number

Mortuary Information:

Name of Mortuary

Phone Number

Funeral Director/Arranger (Print)

Funeral Director (Signature)

Mortuary Staff: If a physical signature from the legal next-of-kin cannot be obtained, the legal next-of-kin must notify our office via telephone to confirm the mortuary chosen to care for the decedent.

Next-of-Kin: The Pinal County Medical Examiner's Office is not responsible for transfers of care made after your written release has been received. Should you change the funeral provider you have chosen, please advise the Pinal County Medical Examiner's Office immediately.

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