

Michele Axlund, Director



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**OFFICE OF THE MEDICAL EXAMINER**

4402 E. Huntington Drive  
Flagstaff, Arizona 86004  
TEL 928-679-8775  
FAX 928-779-7056

**AUTHORIZATION FOR RELEASE  
OF HUMAN REMAINS**

DATE: \_\_\_\_\_

TO: COCONINO COUNTY MEDICAL EXAMINER

I herewith certify that I am the next of kin, or am a relative acting as agent for the next of kin, and it is my legal right to nominate a funeral director to take charge of the body of

\_\_\_\_\_, deceased.

Therefore, please release the body of the herein named decedent and any personal property or effects belonging to the decedent which may be in your possession to representatives

of Lozano's Flagstaff Mortuary & Crematory  
Mortuary

Please indicate the method of disposition \_\_\_\_\_  
Cremation or Burial

Name of Relative (print)

Signature of Relative

Relationship (print)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE OF WITNESS: R. Ritter

ADDRESS OF WITNESS: 2545 N Fourth Street

Flagstaff	AZ	86004
City	State	Zip Code