

**PIMA COUNTY OFFICE OF THE MEDICAL EXAMINER
FORENSIC SCIENCE CENTER**

2825 East District
Tucson, Arizona 85714



Gregory L. Hess, M.D.
Chief Medical Examiner
Department Director



Phone (520) 243-8600
FAX (520) 243-8610

AUTHORITY TO RELEASE REMAINS

ML # _____

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 legal next of kin (or funeral home representative on behalf of next of kin)

Print name of legal next of kin and relationship to deceased

Print address of legal next of kin

City, state, and zip code

Telephone number(s) of legal next of kin

Witness signature (only if next of kin signs above)

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: BURIAL CREMATION SHIP-OUT

NEED NON-CONTAGIOUS LETTER Y N