



AUTHORITY TO RELEASE REMAINS

Pinal ME Case # _____

Date _____

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

Next of Kin Information:

Legal Next-of-Kin (Print)

Legal Next-of-Kin (Signature)

Phone Number

Address

Decedent Information:

Decedent's Date of Birth

Decedent's Social Security Number

Mortuary Information:

Name of Mortuary

Phone Number

Funeral Director/Arranger (Print)

Funeral Director (Signature)

Mortuary staff please note: *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.*

Family and friends please note: *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.*

Revised 08-12-2014