



PIMA COUNTY

OFFICE OF THE MEDICAL EXAMINER

2825 E. District Street • Tucson, Arizona 85714 • 520-724-8600 • Fax: 520-724-8610

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



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