

Barbara Worgess, MPH, Director



OFFICE OF THE MEDICAL EXAMINER

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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 _____
Mortuary

Signature of Relative

Relationship

ADDRESS: _____

PHONE: _____

SIGNATURE OF WITNESS: _____

ADDRESS OF WITNESS: _____

City

State

Zip Code