

Marie Peoples, PHD *Chief Health Officer*



**OFFICE OF THE MEDICAL EXAMINER**

2500 N. Fort Valley Road  
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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

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

\_\_\_\_\_  
Name of Relative (print)

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Relationship (print)

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

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

SIGNATURE OF WITNESS: \_\_\_\_\_

ADDRESS OF WITNESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code