



Snohomish County Medical Examiner's Office

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AUTHORIZATION FOR RELEASE OF DECEDENT

TO: Medical Examiner, County of Snohomish

SCMEO# _____

REGARDING:				
Name of Deceased- First	Middle	Last (family)	Gender	Date of Birth

I certify that pursuant to RCW 68.50.160, I have the legal right to control the disposition of the remains referenced above. I am acting in the capacity of, or on behalf of: (Please INITIAL the appropriate category)

- The designated agent of the decedent as directed by the decedent (i.e. will, etc.) _____
- A spouse or state registered domestic partner _____
- The majority of the surviving adult children of the decedent _____
- The parents of the decedent _____
- A majority of the surviving siblings of the decedent _____
- A court-appointed guardian for the person at the time of the person's death _____
- Other legal capacity _____. If acting in an "other legal capacity" I have **attached** a copy of the relevant appointing document(s).

Upon completion of the Medical Examiner's examination, I request that the Medical Examiner's Office release the decedent's remains to the custody of the cemetery authority or funeral establishment designated below.

- Personal Property: Personal property, if any, brought to the Medical Examiner's Office will be released to the designated funeral establishment with the decedent. An appointment is needed for pick up prior to release.
- Evidence: Personal property considered evidence, if any, will be released to an appropriate law enforcement agency.

****Release Authorization Form must be presented at time of release****

Name of Designated Cemetery Authority or Funeral Establishment

Printed Name of Person Signing Relationship Signature Date

Mailing Address of Person Signing Phone Number

City, State, Zip Code of Person Signing City & State Where Signed