



Hennepin County
Medical Examiner

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NEXT OF KIN AUTHORIZATION FOR REMOVAL

Authorization for Removal

This is to certify that I, _____ being the legal Next-of-Kin

 (print name)
 and having the relationship of _____ hereby authorize

 (print relationship)
 _____ to remove and care for the

 (name of funeral home)
 body of _____ from the Hennepin County Medical

 (print decedent's name)
 Examiner's Office for the purpose of funeral arrangements, embalming, shipping, cremation, burial or other means of
 final disposition.

Signature

 Next of kin _____ Date

Funeral Home

This portion to be completed by the Funeral Home:

I, _____ with _____ received

 (print name) (name of funeral home)
 this completed authorization from the above named person on _____ at _____
 _____ (date) (time)

Signature

 Signature of name of funeral home employee accepting this form

Identification verified by HCME and FH personnel at the time of removal

(FD initial and license # here)