



# MIDWEST MEDICAL EXAMINER'S OFFICE

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## Legal Next-of-Kin Authorization Form

Decedent: Name \_\_\_\_\_

Date of Death \_\_\_\_\_ County of Death \_\_\_\_\_

I authorize: **MIDWEST MEDICAL EXAMINER'S OFFICE**

To release to: Facility Name \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

The following: List **SPECIFIC ITEMS** you are authorizing our office to release:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: There may be a fee assessed to the request

*I hereby acknowledge that this Authorization will expire upon my written request or one year from the date of my signature, whichever is earliest.*

Signature of Next-of-Kin \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

WHEN A COURT APPOINTED TRUSTEE WILL BE  
SIGNING THE AUTHORIZATION FOR RELEASE OF INFORMATION,  
PLEASE INCLUDE A COPY OF THE COURT DOCUMENT.

Signature of Trustee \_\_\_\_\_  Copy of Court Document Attached

Print Name \_\_\_\_\_ Date \_\_\_\_\_