



Hennepin County
Medical Examiner

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Andrew M. Baker, M.D., Chief Medical Examiner of Hennepin, Dakota and Scott counties.

NEXT OF KIN 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: _____

.....
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 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)