



COUNTY OF DELAWARE OFFICE OF THE MEDICAL EXAMINER

340 Middletown Rd., Fair Acres-Building 19, LIMA, PENNSYLVANIA 19037-0496
PHONE (610) 891-5953, FAX (610) 891-2706



Albert Y. Chu, M.D, M.H.S.
Chief Medical Examiner

Jeffrey E. Lange
Administrator

**Amber Weeks, R.N., F.N.E.,
D-ABMDI**
Chief of Forensic Investigations

Authorization to Release to Funeral Home/Crematory

Decedent's Full Name _____

Date of Birth (If known): _____ Date of Death: Click or tap to enter a date.

I authorize the Delaware County Office of the Medical Examiner to release the decedent and any property to:
Funeral Home/Crematory: _____

Address and/or Phone Number: _____

Legal next-of-kin is determined by PA Chapter 21, Title 20, Interstate Succession.

By signing this Authorization to Release form, I affirm that I am the closest next-of-kin to the decedent, unless otherwise specified below.

- I am the sole legal next-of-kin.
- Two or more persons share equal kinship and are signing the release.
- Other (Explain) _____

Signature #1: _____

Signature #2: _____

Print Name #1 _____ Relationship #1 _____ Date Signed: Click or tap to enter a date.

Print Name #2 _____ Relationship #2 _____ Date Signed: Click or tap to enter a date.

*Verification of next-of-kin status may be requested.

For DCOME personnel only

Date Form Received	Case Number	DCOME Personnel Initials