



MIDWEST MEDICAL EXAMINER'S OFFICE

14341 Rhinestone Street NW, Ramsey, MN 55303

www.midwestmedicalexaminer.com

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- A. Quinn Piper M.D.
- Anne Bracey M.D.
- Rebecca Asch-Kendrick M.D.
- Kendra Palmer M.D.
- Tracy Halvorson M.D.



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 _____