



COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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KARL E. WILLIAMS, M.D., M.P.H.

MEDICAL EXAMINER

ROBERT HUSTON

DIRECTOR DIVISION OF LABORATORIES

ABDULREZAK SHAKIR, M.D.
DEPUTY MEDICAL EXAMINER

Date: _____

I, _____ the next-of-kin or legal representative of
(PRINTED NAME)

_____, deceased, do hereby relinquish any
(PRINTED NAME OF DECEASED INDIVIDUAL)

and all rights I may have to the remains of said individual.

I understand that Allegheny County will make all of the necessary arrangements for the disposition of the remains of the above named deceased individual, and that there will be no funeral services. I also understand that I have no rights to the cremation ashes of the deceased, nor in the determination of the location where the ashes will be interred, nor in the time and/or date of such interment.

Signed: _____ Date: _____

Relationship to Deceased: _____

Witnessed By:

Print

Signature

Date

Representative, Medical Examiner's Office:

Print

Signature

Date