



**Hennepin County**  
Medical Examiner

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Minneapolis, MN 55415

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Fax-Billing: 612-466-9980

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[www.hennepin.us/me](http://www.hennepin.us/me)

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)

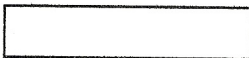
Date: \_\_\_\_\_

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)