



RE: _____ (DECEASED)

Date: _____

To: _____

I hereby authorize and request the release of the **DECEASED** to **BALLARD FAMILY MOANALUA MORTUARY**, including its agents, for the purpose of disposition of the **DECEASED**. I represent that I am the legal next of kin, or acting as an authorized agent for the next of kin.

Printed name of Next of Kin

Relationship

Signature of Next of Kin

Date

Release of the body by the Department of the Medical Examiner to Ballard Family Moanalua Mortuary insures that the release forms were properly obtained from the decedent's primary next-of-kin (or authorized agent) by Ballard Family Moanalua Mortuary. As such, Ballard Family Moanalua Mortuary will defend, indemnify, and hold harmless the Department of the Medical Examiner from any claims arising from the release of the body herein