



OFFICE OF THE CORONER

Coroner: Hayley Thompson, D-ABMDI
Phone: 360-416-1996 Fax: 360-848-1173
coroner@co.skagit.wa.us
1700 Continental Place
Mount Vernon, WA 98273

Name of Decedent: _____

Case Number: _____

Release of Disposition

I _____, am the legal next of kin of the decedent, _____.
(Name) (Name)

I am relinquishing my rights as legal next of kin to provide disposition and authorize
_____ to proceed with disposition of the decedent.
(Name of authorized person)

The authorized person listed above has authorization to receive additional information on this case.

The authorized person listed above has authorization to request reports generated by this office.

Name of legal next of kin (Print): _____ Relationship: _____

Signature of legal next of kin _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Government issued ID attached:

Witness name (print): _____

Witness signature: _____ Date: _____