



King County Medical Examiner Request for Disposition Review

Decedent Information					
Legal Name: First	Middle	LAST	Suffix	Date of Birth	Date of Death

Disposition Application Information (Funeral Home to be Invoiced, if applicable)		
Requesting Funeral Home/Crematory	Requesting Funeral Director	Date of Request
Funeral Home/Crematory Address	City, State & Zip	Contact Phone

Disposition Authorization Fee Waiver	
Did the decedent pre pay for his/her cremation prior to Jan 1, 2008? <input type="checkbox"/> Yes Contract# _____ <input type="checkbox"/> No	Are you requesting a free cremation review because the case is a King County Indigent Remains Program case? <input type="checkbox"/> Yes <input type="checkbox"/> No
If prepayment by FH is necessary, have you prepaid the DA Fee at the time this review is submitted? <input type="checkbox"/> Yes _____ (Date Paid) <input type="checkbox"/> No _____ (Expected Date)	

Comments/Information for Medical Examiner

Disposition Authorization Submission Process
<ol style="list-style-type: none"> Obtain appropriate legal authority from the decedent's legal next of kin to perform the disposition and submit this review. Complete the King County Medical Examiner Request for Disposition Review form. Download an APPROVED Proof Copy of the electronic death record from EDRS. Email completed review form and an approved proof copy to DA.KCMEO@kingcounty.gov <p>**NOTE: If the Funeral Home of record (the one that submitted this review) changes following the approval of the Disposition Authorization, it is the responsibility of both funeral homes to notify the Medical Examiner immediately to avoid errors in billing.</p> <ul style="list-style-type: none"> If you were the initial funeral home who submitted the review but are no longer handling the disposition, notify the Medical Examiner immediately upon the change to avoid your funeral home being responsible for the invoice. If you are the new funeral home who is taking over the disposition from another funeral home, you MUST submit a KCME Request for Disposition Review form, <u>even if a Disposition Authorization number has already been assigned</u>. Contact the Medical Examiner immediately upon the change.

For Medical Examiner Use Only		
Billing/Fee Information <input type="checkbox"/> Invoice <input type="checkbox"/> Fee Waived <input type="checkbox"/> Indigent _____ (approved #) <input type="checkbox"/> Cremation paid prior to 1/1/08 _____ (line #) <input type="checkbox"/> DA Review Fee Pre-Paid <input type="checkbox"/> Funeral Home <input type="checkbox"/> Next of Kin	Date Application Received	Reviewed by
	Date Disposition Approved	Approved by
	Disposition Authorization Number	

Email: DA.KCMEO@kingcounty.gov