



King County Medical Examiner's Office

Harborview Medical Center
325 Ninth Avenue, Box 359792
Seattle, WA 98104-2499

206-731-3232 Fax 206-731-8555

TTY Relay: 711

www.kingcounty.gov/health

KCMEO Decedent Cash Release

KCMEO Case #: _____

Decedent Name: _____

I, _____ as the legal next of kin or representative of the above mentioned decedent, authorize my funeral home to retrieve cash held by the King County Medical Examiner's Office.

Cash Amount held by KCMEO: _____

Signature of Legal Next of Kin/Representative: _____

Funeral Agency Representative: _____