



**JACKSON COUNTY MEDICAL EXAMINER'S OFFICE**

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Kansas City, Missouri 64108

**Diane C. Peterson, MD**  
Chief Medical Examiner  
**B. Robert Pietak, MD**  
Deputy Medical Examiner  
**Marius C. Tarau, MD**  
Deputy Medical Examiner  
**Lindsey J. Haldiman, DO**  
Deputy Medical Examiner

**Waiver and Relinquishment of Right of Sepulcher**

I, \_\_\_\_\_, do hereby waiver and relinquish my right of  
*Next-of-Kin*  
sepulcher to control the final disposition of the remains of \_\_\_\_\_  
*Decedent*  
to \_\_\_\_\_. \_\_\_\_\_ is, by relation,  
*Authorized Agent* *Authorized Agent*  
the decedent's \_\_\_\_\_ and thereby authorized pursuant to § 194.119.2  
*Relation to Decedent*  
RSMo {2016} to make such arrangements.

By waiving and relinquishing my right of sepulcher as permitted by § 194.119.6 I agree to release and forever discharge Jackson County, the Medical Examiner's Office, and their past, present and future agents, servants and employers, and employees from any and all claims arising from this waiver.

\_\_\_\_\_  
*Signature, Next-of-Kin*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone #*

Case Label

For Office Use Only