



JACKSON COUNTY MEDICAL EXAMINER'S OFFICE

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Lindsey J. Haldiman, DO
Chief Medical Examiner
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Deputy Medical Examiner
Julie A. Schrader, 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 {2023} 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