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STATE OF MAINE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL EXAMINER'S RELEASE OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)		2. DATE OF DEATH (Mo., Dy., Yr.)	
3. PLACE OF DEATH (City or Town)			
4. TYPE OF DISPOSITION		<input type="checkbox"/> Cremation	<input type="checkbox"/> Removal from State
		<input type="checkbox"/> Use by Medical Science	<input type="checkbox"/> Burial at Sea

I am a Medical Examiner for the State of Maine in good standing. I have reviewed the death of the above-mentioned person and have noted the following:

- 5a. the death is a reportable case under the medical examiner statutes, has been handled by a medical examiner and is ready for release.
- 5b. the death is not a reportable case under the medical examiner statutes and is in no way suspicious, due to violence, trauma or poisoning. The cause of death as given by the attending physician, who agrees to certify same, is reasonable, sufficiently explicit, and due to solely natural causes.

I have used as a basis for my conclusion above:

- 6a. a signed death certificate
- 6b. a report of death form signed by the funeral service licensee, stating:
 - that the same licensee has personally contacted the medical examiner or attending physician named thereon and received assurance that the body is not required for further examination, and
 - the cause of death to be given on the certificate, in the case of an attending physician.

I therefore conclude that the body of this person is not needed for further inquiry or examination and can be released for removal from the state or, if accompanied by a signed death certificate, for cremation, burial at sea, or use by medical science.

7a. SIGNATURE OF MEDICAL EXAMINER →	7b. DATE SIGNED (Mo., Dy., Yr.)
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8. NAME OF MEDICAL EXAMINER (Type or Print)
9. ADDRESS OF MEDICAL EXAMINER