

**Maui Police Morgue & Forensic Facility
1831 Wili Pa Loop
Wailuku, Maui, Hawaii 96793**

Name of Deceased

Greyson Abarra

Morgue Diener

Date Of Death

Pathologist

Police Case Number

Autopsy Number

RELEASE OF REMAINS OF THE ABOVE NAMED DECEASED

This is to certify that I, _____ am the _____
(Name) (Relationship)

of the deceased, and that I am legally responsible for the disposition of said deceased and hereby designate _____
(Person or Mortuary)

to claim the remains, _____ and they be released to their care.
(Name Of Deceased)

Signature

RELEASE OF VALUABLES OF THE DECEASED

This is to certify that I, _____ accept the valuables as listed below.
(Person or Mortuary)

Valuables and Property

Item	Number	Location

Received by

Date

Time

Fax to: Assistant to the Medical Examiner (808) 877-0419- 24Hours