



701 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 506-3322
Fax: (602) 506-1546

RELEASE OF REMAINS INFORMATION VERIFICATION

For the remains of (legal name for death certificate, please print legibly or type)

Last Name

First Name

Middle Name

Date of Birth Date of Death

Need Communicable Disease Letter? Y N

Legal Next of Kin information (please print):

Name

Address

Relationship Phone

I, (Print name of person contracting with funeral home), have entered into an agreement with (Print name of funeral home)

to provide funeral arrangements for, and to remove the body of, (Print decedent's name), my

(Print decedent's relationship to contracting person), from the Maricopa County Forensic Science Center at 701 W. Jefferson Street,

Phoenix, Arizona, in preparation for the agreed upon funeral arrangements.

(Print name of person contracting with funeral home)

(Signature of person contracting with funeral home)

(Date)

(Print name of funeral home representative)

(Funeral home phone number)

(Signature of funeral home representative)

(Date)

The above-named person(s) and Funeral Home Representative avow that the above information and Release are true and correct, with no intent to deceive or misinform the Maricopa County Medical Examiner's Office or any other person(s) who relies upon the information and Release found herein.

PLEASE FAX COMPLETED FORM TO (602) 506-0010