



Office of the Medical Examiner

OME Case# \_\_\_\_\_
OME use only

Release of Remains Authorization Form

Decedent's Legal Information:

Last Name: \_\_\_\_\_
First Name: \_\_\_\_\_
Middle Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Authorizing Party:

Full Name: \_\_\_\_\_
Address: \_\_\_\_\_
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

checkbox

Check if a communicable disease letter is required.

\*Complete only one of the applicable sections below.

Funeral Home Release Information

Authorizing Party Statement: The person signing below (the "Next of Kin") states and affirms that the information above is true and correct and that an agreement has been reached with the funeral home as described.

I, \_\_\_\_\_, have entered into an agreement with \_\_\_\_\_ to provide funeral arrangements for, and to remove the body of, \_\_\_\_\_, my \_\_\_\_\_, from the Maricopa County Office of the Medical Examiner at 701 W. Jefferson Street, Phoenix, Arizona, in preparation for the agreed-upon funeral arrangements.

Printed Name of Authorizing Party: \_\_\_\_\_
Signature of Authorizing Party: \_\_\_\_\_ Date: \_\_\_\_\_

Funeral Home Statement: The person signing below states and affirms that the funeral home named above (i) has a current license as required by Arizona law; (ii) has authorized the person named below to sign this document on behalf of the funeral home; (iii) has entered into the agreement described above; (iv) has confirmed that the Next of Kin signing above is authorized by A.R.S. Section 36-831 to provide for funeral and disposition arrangements for the decedent named above and that no other person has rights or duties under A.R.S. Section 36-831 that supersede those of this Next of Kin.

Printed Name of Funeral Home Representative: \_\_\_\_\_
Signature of Funeral Home Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Next of Kin Release/Permit Release Information

Next of Kin Transportation Statement: The person signing below states and affirms that they have acquired a Disposition Transit Permit from the Office of Vital Records.

Printed Name of Representative: \_\_\_\_\_
Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Organ Tissue Procurement Organization Release Information

Organ Tissue Procurement Organization Statement: The person signing below states and affirms that the decedent or Next of Kin has established an anatomical gift authorization with the O/TPO designated below.

Printed Name of O/TPO Representative: \_\_\_\_\_ O/TPO Organization: \_\_\_\_\_
Signature of O/TPO Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE EMAIL COMPLETED FORMS TO omeadmit@maricopa.gov OR FAX COMPLETED FORMS TO (602) 506-0010