



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

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)

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

Funeral Home Statement: The person signing below states and affirms that the funeral home named above (i) has a current, effective 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) performed an investigation and 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 are senior those of the Next of Kin.

(Print name of funeral home representative)

(Funeral home phone number)

(Signature of funeral home representative)

(Date)

PLEASE FAX COMPLETED FORM TO (602) 506-0010