Maricopa County
Office of the Medical Examiner

OME Case# _____
OME use only

RELEASE OF REMAINS AUTHORIZATION FORM

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

Decedent's legal information:

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth _____ Date of Death _____

☐ Check if a communicable disease letter is required.

Authorizing Party:

Full Name: _____

Address: _____

_____

Relationship: _____ Phone: _____

*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, _____ (Name of Authorizing Party), have entered into an agreement with Wyman Cremation & Burial Chapel (Name of Funeral Home) to provide funeral arrangements for, and to remove the body of, _____ (Name of Decedent), my _____ (Relationship to Authorizing Party), from the Maricopa County Forensic Science Center 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 DispositionTransit 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: _____ OTPO Organization: _____

Signature of O/TPO Representative: _____ Date: _____

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