

RELEASE OF REMAINS INFORMATION VERIFICATION

DATE: _____

THIS AUTHORIZES THE OFFICE OF THE MEDICAL INVESTIGATOR IN ALBUQUERQUE, NEW MEXICO, TO RELEASE THE REMAINS AND PERSONAL EFFECTS OF _____ WHOSE DATE OF BIRTH WAS ____/____/____ TO THE FUNERAL HOME _____ AND/OR THEIR AGENT.

FOR OUT OF TOWN FUNERAL HOMES ONLY:

WILL THE BODY BE EMBALMED AT AN ALBUQUERQUE FUNERAL HOME: YES _____ NO _____

NAME OF FUNERAL HOME: _____

LEGAL NEXT-OF-KIN INFORMATION (PLEASE PRINT NAME):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

_____ PHONE NUMBER: _____

SIGNATURE OF LEGAL NEXT-OF-KIN AUTHORIZING RELEASE OF DECEASED:

Signature **DATE SIGNED:** _____

CREMATION PERMIT: YES _____ NO _____

Once this form is faxed from your facility; you will receive a fax back with the following information:

OMI NUMBER: _____ DAVE ID NUMBER: _____

NAME IN DAVE: _____

JT CASE: _____ MEDICAL DOCTOR TO SIGN DC: _____

PHONE NUMBER: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

PLACE OF DEATH: _____

BODY READY FOR RELEASE: YES _____ NO _____ WEIGHT: _____

AUTOPSY: YES _____ NO _____ DC SIGNED BY PATHOLOGIST: YES _____ NO _____