

DATE: _____

OMI Number: _____

DAVE Case ID Number: _____

Decedent's Name: _____

Date of Birth: _____

Date of Death: _____

Gender: _____

This authorizes *The Office of the Medical Investigator* in Albuquerque, New Mexico, to release the remains and personal effects of the above listed decedent to the funeral home Reflections LLC and/or agent.

Name of funeral home

FOR OUT-OF-TOWN FUNERAL HOMES ONLY:

Will the body be embalmed at an Albuquerque funeral home: YES _____ NO _____

Name of funeral home: _____

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:

_____ Date Signed: _____

Next-of-Kin Signature

Cremation Permit: YES _____ NO _____ Date Cremation Permit to OMI: _____

Below this line for OMI Use Only

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

AUTOPSY: YES _____ NO _____