

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 \_\_\_\_\_