



# Maricopa County

Forensic Science Center

701 W. Jefferson Street  
Phoenix, Arizona 85007  
Phone: (602) 506-1138  
Fax: (602) 506-0010

## Release of Remains Information Verification

The remains of (legal name for death certificate, please print legibly or type):

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

may be released to \_\_\_\_\_ or their agent.  
(Funeral Home Name)

Decedent Information (please print):

Date of Birth: \_\_\_\_\_

Date of Injury, if applicable: \_\_\_\_\_

Cremation of Remains? (Circle One):    Y        N

Need Communicable Disease Letter? (Circle One):    Y        N

Legal Next of Kin information (please print):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I attest that the above information is an accurate representation of the information that has been provided to me:

\_\_\_\_\_  
(Name of Funeral Home Representative – please print)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Signature of Funeral Home Representative)

\_\_\_\_\_  
(Date)

Please fax completed form to Admitting Office,  
FAX: (602) 506-0010