



YAVAPAI COUNTY OFFICE OF THE MEDICAL EXAMINER
 980 Division Street --Prescott, Arizona 86301
 (928) 771-3163 FAX (928) 771-3504



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 _____

(Funeral Home Name)

Mailing address if outside Yavapai County

Decedent Information (please print): Date of Birth: _____

Need Communicable Disease Letter? (Circle one): Yes No

Legal Next of Kin Information (please print):

Name: _____

Signature of NOK: _____

I attest that the above information is an accurate representation of the information provided to me and that I have the legal authority to remove the remains:

 (Name of Funeral Home Representative – print name)

 (Signature of Funeral Home Representative)

 (Date)

Please fax form to 928-771-3504 (coversheet not necessary)