



Office of the Medical Examiner

OME Case# _____
OME use only

Release of Remains Authorization Form

Decedent's Legal Information:

Last Name: _____
First Name: _____
Middle Name: _____
Date of Birth: _____ Date of Death: _____

Authorizing Party:

Full Name: _____
Address: _____
Relationship: _____ Phone: _____

☐

Check if a
communicable
disease letter is
required.

*Complete only one of the applicable sections below.

Funeral Home Release Information

Authorizing Party Statement: The person signing below (the "Next of Kin") states and affirms that the information above is true and correct and that an agreement has been reached with the funeral home as described.

I, _____, have entered into an agreement with Angels Cremation & Burial to provide funeral
(Name of Authorizing Party) (Name of Funeral Home)
arrangements for, and to remove the body of, _____, my _____, from the Maricopa County
(Name of Decedent) (Relationship to Authorizing Party)

Office of the Medical Examiner at 701 W. Jefferson Street, Phoenix, Arizona, in preparation for the agreed-upon funeral arrangements.

Printed Name of Authorizing Party: _____

Signature of Authorizing Party: _____

Date: _____

Funeral Home Statement: The person signing below states and affirms that the funeral home named above (i) has a current license as required by Arizona law; (ii) has authorized the person named below to sign this document on behalf of the funeral home; (iii) has entered into the agreement described above; (iv) has confirmed that the Next of Kin signing above is authorized by A.R.S. Section 36-831 to provide for funeral and disposition arrangements for the decedent named above and that no other person has rights or duties under A.R.S. Section 36-831 that supersede those of this Next of Kin.

Printed Name of Funeral Home Representative: _____

Signature of Funeral Home Representative: _____

Date: _____

Next of Kin Release/Permit Release Information

Next of Kin Transportation Statement: The person signing below states and affirms that they have acquired a Disposition Transit Permit from the Office of Vital Records.

Printed Name of Representative: _____

Signature of Representative: _____

Date: _____

Organ Tissue Procurement Organization Release Information

Organ Tissue Procurement Organization Statement: The person signing below states and affirms that the decedent or Next of Kin has established an anatomical gift authorization with the O/TPO designated below.

Printed Name of O/TPO Representative: _____

O/TPO Organization: _____

Signature of O/TPO Representative: _____

Date: _____

PLEASE EMAIL COMPLETED FORMS TO omeadmit@maricopa.gov
OR FAX COMPLETED FORMS TO (602) 506-0010

v2025.06.15