

Release of Remains Information Verification

Hours of release

Monday through Thursday 10AM-3PM and Friday by appointment only

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

Last Name _____

First Name _____

Middle Name _____

DOB _____ DOD _____

May be released to _____
(Funeral Home Name)

Mailing address _____

Payment will be required at the time of removal from our office for the total amount of **\$278.00** for transportation and body bag fees. (Our office accepts the following forms of payment) **Check, Money order, Visa, and Mastercard**

Do you need a 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 Name _____

Signature of Funeral Home Representative _____