



**YAVAPAI COUNTY OFFICE OF THE MEDICAL EXAMINER**  
7100-B N. COUNTY FAIR TRAIL, PRESCOTT VALLEY, AZ 86314  
(928) 771-3163 FAX (928) 771-3504

**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 \$315.00 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** \_\_\_\_\_