McDOUGAL
CALDWELL

FUNERALS & CREMATIONS

RELEASE OF HUMAN REMAINS

DECEDENT: _____

GRAHAM CO M.E TRANSPORTER: _____McDougal's Caldwell Funeral Chapel_____

LEGAL NEXT OF KIN: _____

(Printed name of Legal Next of Kin)

Next of Kin: x _____ ***Date***_____ ***Time***_____

(Signature of Legal Next of Kin)

Funeral Home Witness: **X**_____ ***Date***_____ ***Time***_____

GRAHAM CO M.E TRANSPORTER: _____McDougal's Caldwell Funeral Chapel_____

RECEIVING FUNERAL HOME: _____

(Printed name of Legal Next of Kin)

Receiving Funeral Home Representative X_____ *Date*_____ *Time*_____

(Signature ofReceiving Funeral Home Representative)

Funeral Home Witness: **X**_____ *Date*_____ *Time*_____

Acknowledgement and Indemnification: The Legal Next of Kin agrees that if it is determined that the Receiving Funeral Home is not authorized to receive the human remains of the DECEDENT, the RECIPIENT will immediately return them upon the request of Graham County Medical Examiner Transporter. The Legal Next of Kin acknowledges that failure to return the human remains in an inappropriate manner and to hold the Graham County Medical Examiner Transporter, McDougal's Caldwell Funeral Chapel & Gila Valley Crematory harmless and to fully indemnify it for any use of the human remains in an inappropriate manner.