UNM OFFICE of the MEDICAL INVESTIGATOR

RELEASE OF REMAINS INFORMATION VERIFICATION

DATE: _____

THIS AUTHORIZES THE OFFICE OF THE MEDICAL INVESTIGATOR IN ALBUQUERQUE, NEW MEXICO, TO RELEASE THE REMAINS AND PERSONAL EFFECTS OF _____ WHOSE DATE OF BIRTH WAS ____/____/____ TO THE FUNERAL HOME _____ AND/OR THEIR AGENT.

FOR OUT OF TOWN FUNERAL HOMES ONLY:
WILL THE BODY BE EMBALMED AT AN ALBUQUERQUE FUNERAL HOME: YES ☐ NO ☐
NAME OF FUNERAL HOME: _____

LEGAL NEXT-OF-KIN INFORMATION (PLEASE PRINT NAME):

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
_____ PHONE NUMBER: _____

SIGNATURE OF LEGAL NEXT-OF-KIN AUTHORIZING RELEASE OF DECEASED:

_____ **DATE SIGNED:** _____
Signature

CREMATION PERMIT: YES ☐ **NO** ☐

Once this form is faxed from your facility; you will receive a fax back with the following information:

OMI NUMBER: _____ DAVE ID NUMBER: _____
NAME IN DAVE: _____

JT CASE: _____ MEDICAL DOCTOR TO SIGN DC: _____
PHONE NUMBER: _____

DATE OF DEATH: _____ TIME OF DEATH: _____
PLACE OF DEATH: _____
BODY READY FOR RELEASE: YES ☐ NO ☐ WEIGHT: _____
AUTOPSY: YES ☐ NO ☐ DC SIGNED BY PATHOLOGIST: YES ☐ NO ☐

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