



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

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

Last Name _____

First Name _____

Middle Name _____

may be released to _____

(Funeral Home Name)

Mailing address:

A check will be required at the time of removal from our office for the total amount of \$237.00. This charge is to cover the transportation costs.

Hours of release are:

Monday through Thursday 10AM-3PM and Friday (appointment only) 10AM-3PM.

Decedent Information (please print): Date of Birth: _____

Need 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 – print name)

(Signature of Funeral Home Representative)

(Date)