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DATE: _____
DAVE E-VITALS ID NO: _____
OMI CASE NO.: _____

OFFICE OF THE MEDICAL INVESTIGATOR REMOVAL AFFIDAVIT

PART A DECEDENT DATA	DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		
	SEX	DATE OF DEATH (Month/Day/Year)	DATE OF BIRTH (Month/Day/Year)

PART B (1) FUNERAL HOME	This authorizes <i>The Office of the Medical Investigator</i> in Albuquerque, New Mexico, to release the remains and personal effects of the above listed decedent to the funeral home and/or agent. <div style="text-align: center;">_____</div> <small>Name of funeral home and/or agent</small>		
	FOR OUT-OF-TOWN FUNERAL HOMES ONLY		
	Will the body be embalmed at an Albuquerque funeral home: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ <small>Name of funeral home</small> Long Distance Transport: _____ Cremation Permit Request: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Requested: _____ Date Sent: _____		

PART B (2) LEGAL NEXT-OF-KIN or County Agent	NEXT-OF-KIN NAME or County Agent (First, Middle, Last, Suffix)		RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP
	TELEPHONE	SIGNATURE		

PART C	CASE TYPE (CHOOSE ONE)	JT <input type="checkbox"/> Physician Name: _____	
	AUTOPSY <input type="checkbox"/> EXTERNAL <input type="checkbox"/>	Phone Number: _____	
OMI	PLACE OF DEATH OCCURRENCE – Give Name of Hospital or Other Facility (If Neither, give Street Address or Location)		TIME OF DEATH
	BODY READY FOR RELEASE: Yes <input type="checkbox"/> No <input type="checkbox"/>	OMI SIGNATURE: _____	
	CURRENT WEIGHT: _____	DATE: _____	

**The State of New Mexico
 Office of the Medical Investigator Disclaimer**

No death certificate and/or body will be released by the Office of the Medical Investigator to a funeral home until a copy of this form, properly executed, is on file. Once on file 24 hours will be allotted to transport, after which a storage fee of \$61.00 a day will be charged to the funeral home.

This form cannot be altered or duplicated.