
 State of Utah  Office of the Medical Examiner	Phone: 801-816-3850 Fax: 801-964-1240 Web: ome.utah.gov Chief Medical Examiner Erik Christensen, M.D.	DNA SAMPLE REQUEST
	Mail to: Utah Office of the Medical Examiner 4451 South 2700 West Taylorsville, UT 84129	

DECEDENT INFORMATION	
NAME:	OME CASE # (if known):
DATE OF DEATH:	BIRTH DATE:

TYPE OF SAMPLE REQUESTED	
<i>\$25.00 PROCESSING FEE MUST ACCOMPANY REQUEST</i>	
<input type="checkbox"/> DNA samples for establishing paternity	<input type="checkbox"/> OTHER (SPECIFY): _____

TESTING FACILITY INFORMATION	REFERENCE NUMBER:	FACILITY PHONE #:
	FACILITY CONTACT:	
	NAME OF FACILITY:	
	ADDRESS:	
	CITY, STATE, ZIP:	

NEXT OF KIN AUTHORIZING REQUEST	<input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> CHILD (18+) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GRANDCHILD (18+)	
	<input type="checkbox"/> LEGAL GUARDIAN (ATTACH DOCUMENTATION) <input type="checkbox"/> OTHER (SPECIFY): _____	
	NAME:	
	PHONE #:	EMAIL:
SIGNATURE:		DATE:

FORM MUST BE NOTARIZED AND RECEIVED IN-OFFICE WITHIN 90 DAYS

STATE OF:	COUNTY OF:
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Subscribed and sworn before me this _____ day of _____, 20____

NOTARY PUBLIC
 My Commission Expires: _____

(SEAL)

The records maintained by the Office of the Medical Examiner are classified confidential and any release shall be consistent with the provisions of Utah Code Ann. § 26-4-2 (3); 26-4-17 (2) and (3)
\$25.00 PROCESSING FEE MUST ACCOMPANY REQUEST. Make check/money order payable to: Utah Medical Examiner's Office