

DNA SAMPLE REQUEST FORM



Mail to: Utah Office of the Medical Examiner
4451 South 2700 West, Taylorsville UT 84129

Phone: 801-816-3850
Fax: 801-964-1240

DECEDENT INFORMATION

Full Name: _____
OME Case # (if known): _____
Date of Death: _____ Birth Date: _____

TYPE OF SAMPLE REQUESTED

\$25.00 Processing fee must accompany request. Make check/money order payable to: Utah Medical Examiner's Office

DNA Samples for establishing paternity Other (specify): _____

Next of Kin must contact the testing facility, obtain a reference number for your request, and submit payment to the testing facility prior to submitting this form to the Office of the Medical Examiner.

TESTING FACILITY INFORMATION

Reference Number: _____ Name of Facility: _____
Facility Contact: _____ Facility Phone #: _____
Address: _____
City, State, Zip: _____

NEXT OF KIN AUTHORIZING REQUEST

Current Spouse Sibling (18+) Grandparent Legal Guardian (attach court order)
 Child (18+) Parent Grandchild (18+) Legal Representative (attach court order)

Name: _____
Phone #: _____ Email Address: _____
Signature: _____ Date: _____

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

| | |
|--|---|
| State of: _____ | County of: _____ |
| Subscribed and sworn before me this _____ day of _____, 20____ | |
| (SEAL) | Notary Public My Commission Expires: _____ |

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 Part 26B-8-2 (3); 26-4-17 (2) and (3)