

Mail request to:

Utah Office of the Medical Examiner

4451 South 2700 West

Taylorsville, Utah 84129

DNA Testing Request Form*

Name of the Deceased: _____

DOB: _____ DOD: _____

OME Case Number (if known): _____

This instrument authorizes you to furnish and release to:

Testing facility: _____

Address: _____

City, State, Zip Code: _____

DNA samples for the purpose of establishing paternity.

Other: _____

Person authorizing request: _____

**Statutory relationship to the deceased: _____

Signature of Authorizing Person: _____

Date (within 90 days of request): _____

STATE OF

COUNTY OF

Subscribed and sworn before me this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____

(SEAL)

* A \$25 dollar processing fee must accompany request. Make checks payable to the **Utah Medical Examiner's Office**.

** 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)

Forms must have original signatures. No photocopies or faxes accepted.